

Generalizability:

One More Component for Moving Evidence-Based Research to Practice

By Roberto Hugh Potter and Ron D. McCuan

For the past couple of years this column has regularly featured discussions about evidence-based research and its value to correctional systems. This month, we turn our attention to the “fit” between an evidence base and your particular needs. The basic question to be asked is: How can you begin to know whether a “solution” in the research literature will work in your system or facility?

In their classic 1963 text *Experimental and Quasi-experimental Designs for Research*,¹ Donald Campbell and Julian Stanley note that “applied practice and scientific knowledge are seen as the resultant of selectively retained tentative, remaining from the hosts that have been weeded out by experience.” In simpler terms, knowledge is evolutionary. It involves a process of refining evidence with “wise practice.” From this perspective, the generalizability of evidence becomes a key issue. That is, knowing to what “populations, settings, treatment variables, and measurement variables” an effect or impact can appropriately be generalized. Generalization is rarely absolutely possible, Campbell and Stanley pointed out. It requires knowing how closely the “populations, settings, treatment variables and measurement variables” in the previous research match or differ from the setting in which you are going to utilize the evidence.

For example, randomization of minimum-security inmates to experimental versus control groups might be a good research practice and produce quality evidence, but it means little if you are dealing with a maximum-security facility. Likewise, simply because something “worked” in the free world does not mean it will translate to a correctional facility. You already know that what works in a prison setting may not work in a jail setting for a variety of reasons. When considering an evidence-based program for your facility there are several factors that one might want to take into account before proceeding. Among these are:

- Was the evidence produced in a setting similar to yours (e.g., facility type, security level, supervision type, etc.);
- Was the population studied similar to the population with which you deal?
- Are there aspects of the operations in the other setting that are substantially different from the operations of your facility?
- Are there resource limitations in your facility not experienced in the original research setting?

None of these factors should diminish the value of evidence-based practice over conducting research with no evidence to support it (unless one is involved in pure innovation, and then

at least logic should prevail). Rather, the point is to move beyond assuming that evidence-based means free of context. Just because something produces results in one setting does not mean it will produce similar results in a different setting.

Practices with a strong evidence base are better starting points than those with no solid evidence to back them. Correctional administrators, program developers and researchers must be aware of the temptation to assume that any evidence base is generalizable: Context does matter. Knowing the setting in which the evidence was generated, the populations on which it was tested, and the degree of match between those variables and your setting will increase the effect of any evidence-based programs you implement. Ignoring issues of generalizability will likely produce an effect similar to an allergic reaction. It can be minor, or it can lead to system shock. We want to avoid the latter.

ENDNOTE

¹ Campbell, D. and J. Stanely. 1963. *Experimental and quasi-experimental designs for research*. Chicago: Rand McNally.

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