

An Evidence Source Model for Clinical and Forensic Practice

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From calls for evidence-based practice to the standards in the *Federal Rules of Evidence* (2018), systems clamor for professional decisions to be supported by evidence. What is evidence? Does it differ from data? Importantly, what is available to a practitioner to determine the sources of evidence s/he could consider in an analysis? Not only are operational definitions explored in this article, but also the Yin (2008, 2011, 2013, 2017) Evidence Source Model (ESM) as classified into two domains by Barros-Bailey (2011) is introduced as a valuable instrument in any assessment. Each source in the model is detailed with examples, and an application tool is provided to illustrate how the model can be used to summarize evidence in an individualized assessment.

Keywords: case study evidence, clinical assessment, clinical evidence, data v. evidence, evidence source model, evidence-based practice, forensic assessment, forensic evidence, individualized assessment, sources of evidence

Clinical judgment assumes analysis and conclusions based on a body of data and evidence (Chin-Yee & Fuller, 2018). Sica clearly articulates this fact when positing, “*Dogmatism* can be defined as the positive assertion of clinical judgment or opinion, which might be unwarranted and without factual objective evidence” (p. 21). What drives forensic opinions is the analysis of evidence available and collected in the case evaluation process. Ellet (2007) states that in case study research “[e]valuations express a judgment about the worth, value, or effectiveness of a performance, act, or outcome” (p. 23). I add that clinical and forensics assessments express weighted judgments that result in recommendations or opinions about causes or current and projected effects.

The purpose of this paper is to take a step back from the avalanche of literature calling practitioners in any setting to eschew dogma and rest professional judgment upon evidence-based practice by asking and answering fundamental questions: 1) What is evidence? and 2) Does evidence differ from data? Answers to these questions are intended to create a common lexicon to facilitate understanding of the building blocks of evidence in a professional community.

Operational definitions become more meaningful within the context of applied models. Therefore, the last and most meaningful question asked that culminates in the purpose of this paper is: As a practitioner in any setting, what evidence can I consider in an assessment? Ultimately, this article seeks to answer this question by introducing a comprehensive Evidence Source Model (ESM) from case study research as applied to clinical and forensic practice. Such a model could guide understanding of data and evidence sources useful in: 1) the scope of the assessment; 2) case conceptualization/formulation; 3) data collection; 4) data analysis and integration; and, 5) opinion and recommendations, support, justification, or defense.

Operational Definitions: Data v. Evidence?

The *Oxford Review* blogger, Wilkinson (2017), writes, “One of the cornerstones of evidence-based practice is understanding the difference between data and evidence” (p. 2). Data and evidence are related – but different – although the terms are sometimes use synonymously or interchangeably.

Defining Data

Data is a plural term for more than one datum, its singular form. The simplest way to describe data is that they are a collection of bits of information without any meaning associated with them. Data are groupings of numbers, words, images, etc. gathered together before we ask and answer questions about them to derive meaning that may lead us to accept or dismiss them. That’s it: Data have no judgment associated with them. They simply are, and they simply exist. Wilkinson (2017) puts it this way, “. . . data is just data but on its own, it doesn’t have any validity or reliability” (p. 5), it “is just a number or an observation” (p. 6) without context. Villanueva and Hand (2011) come at the definition from a different angle when they state, “the misconception that the raw data can ‘speak’ or tell us something important about an investigation . . . is missing [the] critical processes of analyzing, interpreting, and observing patterns in the data and then making connections to how this relates to the big idea . . . as well as to one’s prior knowledge” (p. 42).

Defining Evidence

Evidence is data in context. It is data transformed through a process or series of processes. When we ask What, When, Where, Who, Why, and How questions of the data, we derive and allocate meaning to their static nature. The query could be socially constructed and guided through professional and social theories, and it is often iterative: the answer to one question results in more questions, and those answers flow into more questions until we are out of questions or start associating concepts across data from two or more sources getting up closer along the path of validity and reliability to our conclusions (Yin, 2017). Wilkinson (2017) concludes that, “data only becomes evidence when there is an argument, a hypothesis[,] or an opinion” (p. 6); therefore, “the problem is . . . that the moment you form an opinion you start to select which data you are going to use to support your argument” (p. 6). As an iterative process, the practitioner uses query to advance decisions on the data and arrive at judgments, not the other way around by coming to a desired conclusion and reverse engineering the process to try to handpick the data to support a desired outcome. That is, the argument or opinion rests upon a body of data turned evidence.

Sources of Data . . . and Evidence

Definitions of data and evidence are a starting point, but they do not answer for the practitioner what kind of data is available that s/he might be able to use in an analysis. That is where an ESM is helpful in classifying such sources. Table 1 summarizes the six sources of case study evidence identified by Yin (2008, 2011, 2013, 2017). Barros-Bailey (2011) recognized that these sources fell squarely into two domains, primary and secondary data. First, primary and secondary data will be operationally defined. Then, the individual source of evidence is described within each domain.

Primary and Secondary Data

Much like the definitions of data and evidence that are sometimes conflated in the vernacular, so, too, are the terms primary and secondary data. Figure 1 visualizes the two domains in a single case or unit of analysis.

Table 1

Six Sources of Case Study Evidence (Yin, 2008, 2011, 2013, 2017) per Primary and Secondary Domains (Barros-Bailey, 2011)

Primary	Secondary
Interviews	Documents
Observation	Archival
Participant-Observation	Physical Artifacts

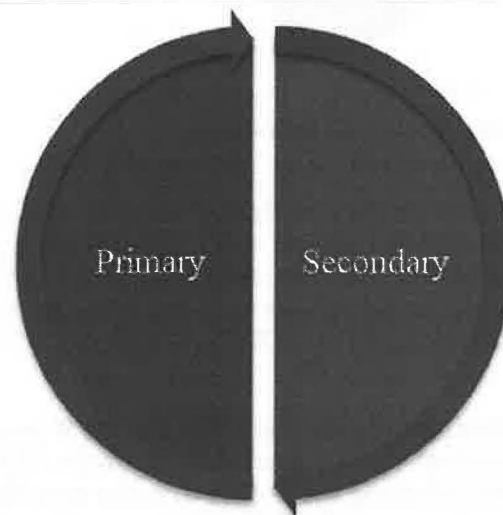


Figure 1. Two domains (Barros-Bailey, 2011) of the six sources of case study evidence (Yin, 2008, 2011, 2013, 2017). NOTE: Imagine the primary data in an analysis to be red while the secondary data to be blue. Together they combine and create a single unit of evidence as the beginning point of validity in case study research (Yin, 2017).

Primary and secondary data sources are not meant to depict a sequence of importance of data following some sort of series with the next being tertiary and so on. Rather, the definitions in this article are captured by a common dictionary. Businessdictionary.com (2018) offers the following definitions: 1) primary data is “observed or collected directly from first-hand experience” (“Primary Data”, 2018, para. 1) while 2) secondary data is “collected by someone else or for a purpose other than the current use” (“Secondary Data”, 2018, para. 1). Therefore, the data consider for any individual case is either collected by the practitioner (or his/her your staff) for the case at hand or it was collected by someone else, or by the practitioner in the past but has application to the present matter. It is that straight forward. We will examine what three sources or primary and secondary data or evidence exist in the ESM.

Primary Data Sources

All explored primary data sources found in contemporary case study research textbooks reviewed (Hancock & Algozzine, 2006; McLeod, 2010; Scholz & Tietje, 2002; Thomas, 2011) fell into one of Yin’s (2008, 2011, 2013, 2017) three types: interviews, observations, and participant-observation. These three sources are identified in Figure 2.

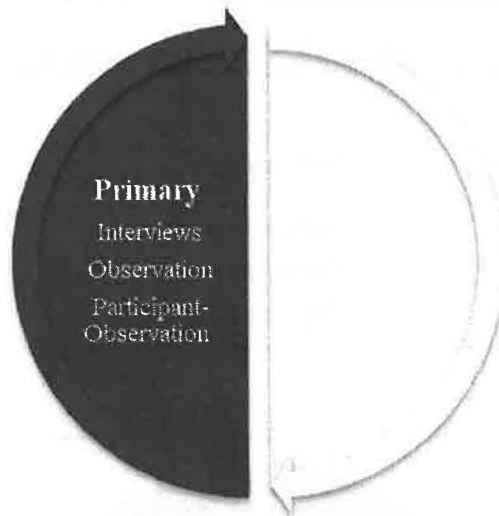


Figure 2. Three Sources of Primary Data and Evidence

In the hard sciences, primary data gathering and its classification is not as obvious as in the social sciences. Note that Scholz and Tietje (2002) used an early Yin case study research model and included Other Sampling Techniques, Simulation Studies, and Experiments within their description of multiple sources of evidence; the three sources they describe are included within one or more of the three primary data sources of the contemporary Yin (2008, 2011, 2013, 2017) ESM model.

Interviews.

Interviews are a method for collecting information from a host of people – the evaluatee or collateral sources, subject matter experts, and others. Hancock and Algozzine (2006) note several advantages of data collection through interviews including the ability to make specific inquiries associated with the research question(s) or presenting issues and the flexibility to ask to follow up questions that allow the opportunity to obtain more thorough and complete responses. Within case study research methods textbooks consulted (Ellet, 2007; Hancock & Algozzine, 2006; Kazdin, 2011; McLoed, 2010; Scholz & Tietje, 2002; Thomas, 2011; Yin, 2008, 2011, 2013, 2017), the interview was found in all mentions where the collection of primary data was discussed.

The *Qualitative Research Guidelines Project* described by Cohen and Crabtree (2006) for the Robert Wood Johnson Foundation described five types of interviews to obtain answers from direct questions to individuals or groups through face-to-face or electronic means:

- **Structured Interviews:** Each respondent answers the same questions created before the interview and there is little room for varying from the pre-determined script or range of responses to close-ended questions. These interviews are administered by a neutral interviewer or through self-administered questionnaires. A life care planner calling a random number of pharmacies within a plaintiff's geographical area to determine the cost of a medication is using a structured interview process. The question is close-ended: What is the cost of X number of X dosage of X medication?
- **Semi-structured Interviews:** The interviewer uses a guide that includes questions and topics to be discussed and has some flexibility in the breadth and depth of the close- and open-ended questions. If the interviewer has greater latitude in the way and sequence that the questions are asked, or if the questions not only elicit pre-determined responses, but also result in narrative answers, the format is likely that of a semi-structured interview. One type of forensic practitioner using this kind of interview is the vocational expert who performs a telephonic labor market survey through contacts with subject matter experts or other points of contact

(Barros-Bailey, 2012a, 2012b) to gather qualitative and quantitative data regarding work activity requirements, demands, availability, and qualifications when such detailed data may not otherwise be available to inform the expert's opinions. For many of the forensic disciplines that come from clinical professions such as medicine and the allied health practices of psychology, counseling, and social work, the semi-structured interview is usually the main method of collecting information from patients, clients, evaluatees, or collateral sources.

- *Unstructured Interviews*: In an unstructured interview, the interviewer and the respondent recognize the formal nature of the interaction around a broad topic, although the questions are typically open-ended and the respondent has great latitude to enter into different themes affiliated with the interview goal. These interviews are common in pop culture. In research, they are associated with “the disciplines of anthropology and sociology as a method to elicit people’s social realities” (Zhang & Wildemuth, para. 2). The purpose of the interview is not to gather a lot of information in a small amount of time; rather, it is too broadly touch upon certain topics and themes and to explore related or tangential areas.
- *Informal Interviews*: These are spur-of-the-moment conversations that are common in phenomenology and participant observation research. The interviewer holds informal communication with individuals without using an interview guide then later records the responses based on memory of the discussions. DeWalt and DeWalt (2002) characterize this genre of interviewing as involving active listening, sensitive silence, the “uh-huh” prompt, repetition feedback, summary feedback, and using questions in interviewing (querying, clarification, and naïve inquiry) to elicit information. Field researchers and evaluators working with certain populations, such as children, where recording the data *in vivo* could inhibit the evaluator’s ability to develop rapport and obtain valid and insightful responses, may use this kind of interview technique. An example of such an interview is when an art therapist evaluates an adolescent in a childhood sexual abuse case. The therapist engages the youth in conversation about his/her art piece often recording the interaction after the session. This method introduces the element of time between the period of the interview and the recording of the resulting data and requires the evaluator to be reliant upon memory.
- *Focus Groups*: Lastly, this format uses the same method as semi-structured interviews but with a group of people where the interviewer is the moderator. An example of clinical or forensic focus group techniques is in working with families where the members as a group provide input regarding a single individual or the family unit.

Depending on the population and need for evidence, any or some of the five interview types may be applicable. The resulting primary data collected in interviews could be quantitative, qualitative, or mixed contingent upon the type of question asked (open/closed). Specialized best practice interview models may be applicable, depending on the profession and practice setting (Veith & Meltzer, 2015).

Observation.

Observation might involve viewing someone in a particular setting, such as in a school, within a family, with peers or others, on the job, in an evaluation with another individual, or interacting with data, people, things, or circumstances. Observations can be broader than just visibly viewing another’s actions. Administering tests and measurements and noting behaviors of the client or evaluatee is data collection through observation but in a more structured and standardized format. Performing an experiment where the impact of an intervention, procedure, or treatment is studied is also an observation.

Hancock and Algozzine (2006) outline five steps for observations: 1) identifying the objectives of the observation to understand the data that needs to be collected; 2) developing “an observation guide – a list of features to be addressed during a particular observation” (p. 46); 3) gaining access to the observation; 4) understanding how the researcher’s role may bias the research; and, 5) following ethical and legal guidelines in dealing with those being observed. They further posit that observations allow the researcher to obtain more objective data than through the interview process that might include someone’s “biased perceptions and recollections of events” (p. 46). Thomas notes, observations are

characterized by the case study researcher spending prolonged time in a setting, being attentive to what is being observed, methodically striving to understand the observation, standardizing attention to the setting, and taking notes about activities and behaviors.

Participant-Observation.

Depending on the population of study, or to which services may be provided, participant-observer primary data collection may be the most appropriate. An example of participant-observer methods is a play therapist who not only observes a child engaged in play, but also engages in the play itself in a defined and determined manner as the method of data collection in the evaluation process. Another example of the participant-observer method may be performing a simulation of cause and effect involving the use of a particular product where the researcher is the subject of the experiment to experience the impact of the variables under study. A last example may be collecting data about the details of the work activity involved in a position where the position analyst not only observes the work being performed by employees, but actually engages in the work activity itself.

Secondary Data Sources

The kinds of secondary data sources within case study research include documents (Hancock & Algozzine, 2006; Scholz & Tietje, 2002; Yin, 2008, 2011, 2013, 2017), archival records (McLeod, 2010; Scholz & Tietje, 2002; Yin, 2008, 2011, 2013, 2017), and physical artifacts (Scholz & Tietje, 2002; Thomas, 2011; Yin, 2008, 2011, 2013, 2017). Figure 3 is a pictorial illustration of secondary data sources.

Documents.

Documents are the most common of all evidence sources in case study research, regardless of discipline (Yin, 2017). Whether in clinical or forensic practice, documents are typically the materials a practitioner obtains at the time the case is referred and throughout the evaluation process. In case study research, documents can be:

letters, memoranda, e-mails, and other personal documents, such as diaries, calendars, and notes; agendas, announcements and minutes of meetings, and other written reports of events; administrative documents, such as proposals, progress reports, and other internal records; formal studies or evaluations related to the case . . . ; and, news clippings and other articles appearing in the mass media or in community newspapers (Yin, 2013, p. 106).

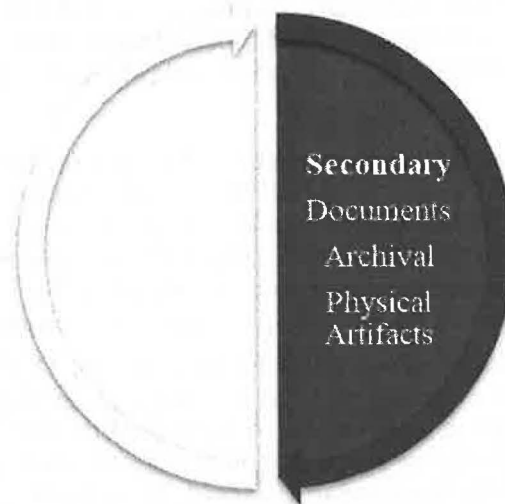


Figure 3. *Three Sources of Secondary Data and Evidence*

Transcripts or notes of therapy records would be included in documentation evidence (McLeod, 2010). The strength of documents includes the fact that these can be reviewed over and over, are specific, and can cover a long period (Yin, 2017).

Thomas (2011) notes that accounts from individuals, a type of document, “are really like the products of unstructured interviews, but without having been collected in an interview” (p. 163). Accounts allow the individual to communicate in a written or recorded fashion about the questions at hand. Accounts by others, such as a signed affidavit about a person or event, would also be classified as documents. Documents for a neuropsychologist could include: evaluatee or collateral source accounts, functional MRI readings, emergency records, medical diagnostic results, employment performance reviews, an Individualized Education Program (IEP) plan, or more. The neuropsychologist may also be interested in a person’s function over time in a timeline series as captured through psychometric testing or scores by other professionals before or after the incident (i.e., through academic achievement scores, academic transcripts, and acute and rehabilitation speech/language pathology or occupational therapy progress notes). Contemporary calls for evidence-based practice describe empirically-based research published in peer review articles, books, conference proceedings, or other scholarly platforms (Gast & Ladford, 2009; Morgan & Morgan, 2009). These are also considered documents.

Archival records.

Examples of archival records are birth certificates, marriage certificates, death certificates, statistical surveys from government agencies, raw databases from which peer-reviewed interpretive articles may be written, or employee criminal records from legal repositories. These records tend to be factual and in their raw form before being studied and interpreted, or inferred, in some fashion.

Physical artifacts.

Physical artifacts are tangible. To illustrate this kind of evidence in practice, for a prosthetist evaluating an amputee, the physical artifact may be the prosthetic, or perhaps the wheelchair, cane, or other durable medical equipment used for mobility or function. For a forensics ballistics expert, the physical artifact could be the ammunition or shooting device and the affected area of impact. And, for an accident reconstructionist, the physical artifact might be the images captured in a close circuit television or the items or materials involved in the accident. Thus, depending on the clinical or forensic application, the weight of evidence given to physical artifacts may vary substantially. In some disciplines, or applications within a discipline, there may or may not be any or many physical artifacts whereas in other specialties, artifacts might be the main source of evidence.

Application of the ESM

Theoretical models and definitions become useful if they are simple, comprehensive, and integrative. As an *a priori* checklist of the different data sources in the beginning stages of a case to determine potential data collection, or during the course of data collection to determine further primary or secondary data necessary, or as a summary in a report to record the sources used, the ESM model becomes a valuable framework to ensure the inclusiveness of the data and evidence in the case. Figure 4 provides an example of such application of the ESM model to clinical and forensic practice. This particular illustration considers a vocational evaluator’s summary of the data and evidence sources used in an individualized assessment.

Conclusion and Areas for Future Research

This article was designed to fall back from the contemporary flood of evidence-based practice literature and ensure the narrative includes understanding of the essential building blocks of evidence. Basic definitions and the elements of the ESM sought to craft a common vocabulary and structure in clinical or forensic practice. Perhaps the first ESM model guiding professionals considering all the

data sources underlying the evidence in an individualized assessment was introduced. Not all cases or disciplines use all sources of evidence, nor do all case evaluation paradigms require their use or inclusion of both primary and secondary data (Barros-Bailey & Dominick, 2017; Dominick & Barros-Bailey, 2017).

Research as to the application of the ESM, such as the content analysis of the *Federal Rules of Evidence* (Barros-Bailey, 2015, 2018) and preliminary review of the content, process, or hybrid models used by vocational experts in determining lost earning capacity (Barros-Bailey, 2017, 2018a, 2018b, 2018c), suggests the ESM is inclusive of all evidence sources. Therefore, the ESM can become an ex-

The data and evidence considered in this analysis include:

- **Primary**
 - ***Interviews***
 - Vocational Diagnostic Interview with Evaluatee on XX/XX/XX at XYZ
 - Collateral sources (e.g., employer, treating physician, therapist, psychologist, etc., family members) on XX/XX/XX
 - ***Testing and Observation of Evaluatee:***
 - Formal and informal assessments (see Appendix X)
 - Labor market survey (see Appendix Y)
 - ***Participant/Observation:***
 - Job Analysis
- **Secondary**
 - ***Documents:***
 - Answers to Interrogatories
 - Bibliography (see Appendix A)
 - Depositions
 - Income Taxes
 - Medical, psychological, therapy, etc. (see Appendix B for summary)
 - Transcripts (see Appendix C)
 - Vocational (see Appendix D)
 - ***Archival Records:***
 - Certificate of Live Birth
 - US Department of Commerce, Bureau of the Census
 - US Department of Labor, Bureau of Labor Statistics
 - US Department of Labor, Employment and Training Administration
 - ***Physical Artifacts:***
 - Assistive technology
 - Durable medical equipment
 - Pictures
 - Videos

Figure 4. Evidence Source Model (ESM) Report Data/Evidence Vocational Evaluation Example

pedient tool in talking about, considering, and summarizing the different data and evidence sources used in an analysis regardless of the professional discipline.

Future research in forensic practice could apply content analysis procedures using Yin's model as a coding schematic to test its generalizability among disciplines, jurisdictions, and case analyses frameworks where the unit of analysis is $N=1$ as well as where the unit of analysis is $N=1+$, or more than a single case (Maggin, Lane, Pustejovsky, 2017). This type of research could further test the contention that the operational definitions inherent in Yin's model have a universal application in the hard and social sciences. In addition, applying the model to other clinical or practice areas – computer systems analysis, companies, situations or circumstances, etc. – could result in further insights as well as evolve the classification and application of the ESM. How evidence types are weighed and integrated and how they fall into clinical, actuarial, or structural judgment in forensics becomes a pivotal area for future research. Yin (2017) indicates that validity in case study research begins when two or more evidence sources correlate. In clinical and forensic practice where professional judgments are high stakes because they involve the lives of people about whom decisions and recommendations are made, future research in the use of how evidence sources between and among primary and secondary data are weighed, blended, and validated could advance considerable understanding as to the clinical judgment process that starts with a repository of all evidence (See Figure 5 where primary and secondary data blend into all evidence). Such research could start with a comprehensive synthesis of the literature as to forensic and clinical judgment and decision-making models, those involving evidence integration, and analyses of common elements within those models that result in valid and reliable opinions. Such research is complex because it likely requires the study of cognitive processes and decision-making models resting upon professional and academic theories. Nevertheless, it is necessary, because what clinicians and forensic practitioners do matters.



Figure 5. *All Sources of Evidence from Primary / Secondary Data*

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