

Evidence Based Practices for Juveniles in Nebraska

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Evidence-Based Practices



Evidence Based Practice in Juvenile Justice: University of Nebraska White Paper

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Initial Comments

- **Presentation is a summary of the “White Paper” – July, 2014**
- **Collaboration of UNL Law/Psychology and UNO Criminal Justice**
- **Synthesis of the current literature in Evidence Based Practice**



Randomized Control Trials (True Experiments)

VS.

Quasi-Experiments (Nonequivalent Control Groups)



Randomized Control Trial

(two randomly assigned groups)

R Tx Obsv₁

R Obsv₂

Time 

Quasi-Experiment

(two groups – *NOT* randomly assigned)

G1 Obsv₁ Tx Obsv₂



G2 Obsv₃ Obsv₄

Time A solid blue arrow pointing to the right, indicating the direction of time.

Matching Methods

(Making groups equivalent)

1. Matching on Pretest

- Matching on Scores –regression artifacts
- Propensity Analysis

2. Matching on all selection factors

- Statistical Control for demographics, risk etc.
- Propensity Analysis



Three Evidence Based Practice Modes

1. **Experimental or Quasi-experimental Analysis of Existing Programs**
2. **Model Programs Approach**
3. **Meta-analyses of Practice and Comparisons**



Experimental or Quasi-experimental Evaluation of Implemented Programs

- *Conduct a controlled experiment or quasi-experiment in which groups of comparable clients either receive the program treatment in the field or they do not*
- The treatment group scores significantly higher on the outcome measure than does the control group
- **Chief problem** – time, cost, difficulty in finding control groups



Model Programs Approach

- *There are model programs that researchers have already shown to be effective with replicated experimental or quasi-experimental tests of outcomes. (e.g. Relapse Prevention Therapy - or Moral Reconciliation Therapy -- MRT)*
- Fidelity Issues and implementation reliability
- Cultural difference issues
- Will it work when transported?



Comparing Existing Interventions to Program Specific Meta-analyses

- ***A meta-analysis is a quantitative review of a large number of studies that analyzes and summarizes the treatment effects and characteristics of programs.***
- ***It tests the overall effects of a class of interventions across a number of programs and sample characteristics.***



Comparing Existing Interventions to Program Specific Meta-analyses

- *Most meta-analyses aggregate multiple studies of individual programs and the results speak to the effectiveness of those programs in a specific area of practice (e.g., cognitive behavioral therapy).*



Comparing Existing Interventions to Program Specific Meta-analyses

- *To the extent to which a not-included **new** program is similar in its dimensions to the effective included programs, it shares the evidence base of the included programs.*
- *Same problems as model program approach*



Hierarchical Classification System of Evidence Based Program Status

- **Seven Categories on a Continuum**
 - **I – Model Program**
 - **VII – Insufficient Information**



**Modified from the Department of
Justice, Office of Justice Programs**

**Working Group for the Federal
Collaboration on What Works**

**"A Hierarchical Classification
Framework for Program Effectiveness"**

(Working Group, 2004)



I. Fully Evidence Based Practice



- 1. The program demonstrated effectiveness with a randomized experimental study (RCT) or two quasi-experimental studies.**
- 2. The effect lasted for no less than 1 year.**
- 3. There is at least one independent replication with a RCT or two quasi-experiments.**
- 4. There were no negative side effects.**

II. Effective

1. **The program demonstrated effectiveness with a randomized experimental study (RCT) or two quasi-experimental studies.**
2. **An evaluator (not necessarily independent) replicated the results with an RCT or two quasi-experiments.**



III. Promising

1. The program demonstrated effectiveness with a randomized experimental study (RCT) or two quasi-experimental studies ***BUT*** no replication study is available.

- OR -

2. The program's attributes match the dimensions of a successful meta-analysis of the practice (this type of program).

- OR -

3. The program is a model program used and evaluated in other sites (e.g., RPT and MRT)



IV. Inconclusive

1. The program demonstrated effectiveness with a randomized experimental study (RCT) or two quasi-experimental studies ***BUT*** *there are contradictory findings in these or other studies.*

- OR -

2. The program would be promising or effective except that the effects are short lived.



V. Ineffective

1. An RCT or two quasi-experimental studies failed to show significant differences between the treatment and control groups.



VI. Harmful

1. An RCT or two quasi-experimental studies *showed that the **control group** scored higher on the targeted outcome than did the treatment group and the difference is statistically significant.*



VII. Insufficient Evidence

- 1. There is no RCT or less than two quasi-experimental evaluations of the program to date and there is no meta-analysis evidence for this type of program.**



Phase I: Program Assessment

Visit programs, observe sessions, collect materials and interview service providers:

- **Draw a logistic model**
- **Compare it to existing meta-analyses**
- **Determine the program's position on the EBP continuum**

Phase II: Program Consultation

Review current literature to

- Work with program staff to model the program after those that work
- Help staff devise measurement tools to chart progress
- Develop a data base for the program staff to use

Phase III: Field Research

Conduct an experiment or quasi-experiment

- Design measures
- Collect program fidelity (quality assurance data)
- Collect treatment and comparison group data

Goals of EBP Process

- 1. Assess existing programs**
- 2. Develop existing programs**
- 3. Empirical study of programs**
- 4. Move programs along the EBP continuum to make them more effective**

