

# Bridging the Gap Between Research and Practice in Juvenile Intervention Programs

Gabrielle Lynn Chapman, Ph.D.  
Peabody Research Institute  
Vanderbilt University

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# Few evidence-based programs are actually used in JJ systems

Why?

- There are relatively few programs certified as evidence-based under the prevailing definition
- These programs present organizational challenges:
  - Cost
  - The ability of providers to implement them “by the book”

# [ The prevailing definition of **EBP** ]

The **P** part: A 'brand name' program, e.g.,

- Functional Family Therapy (FFT)
- Multisystemic Therapy (MST)
- Big Brothers/Big Sisters mentoring
- Aggression Replacement Training (ART)

The **EB** part: Credible research supporting that specific program certified by, e.g.,

- Blueprints for Violence Prevention
- OJJDP Model Programs Guide
- National Registry of Evidence-based Programs and Practices (NREPP)

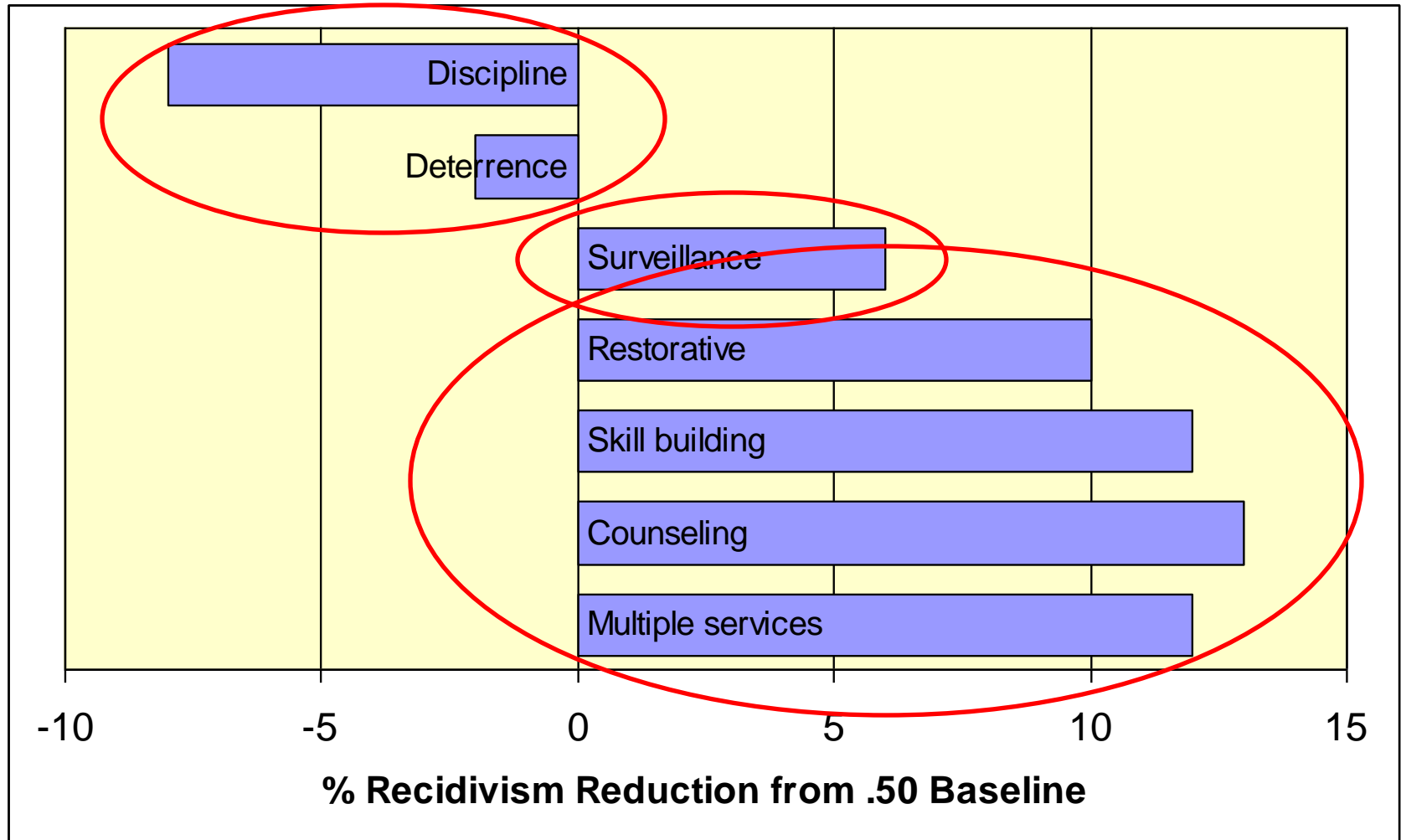
# [ An alternative perspective on the P in EBP: Generic program “types” ]

- Interventions with research on effectiveness can be described by the *types* of programs they represent rather than their brand names, e.g.,
  - family therapy
  - mentoring
  - cognitive behavioral therapy
- These types include the brand name programs, but also many ‘home grown’ programs as well
- Viewed this way, there are many evidence-based programs of types familiar to local practitioners

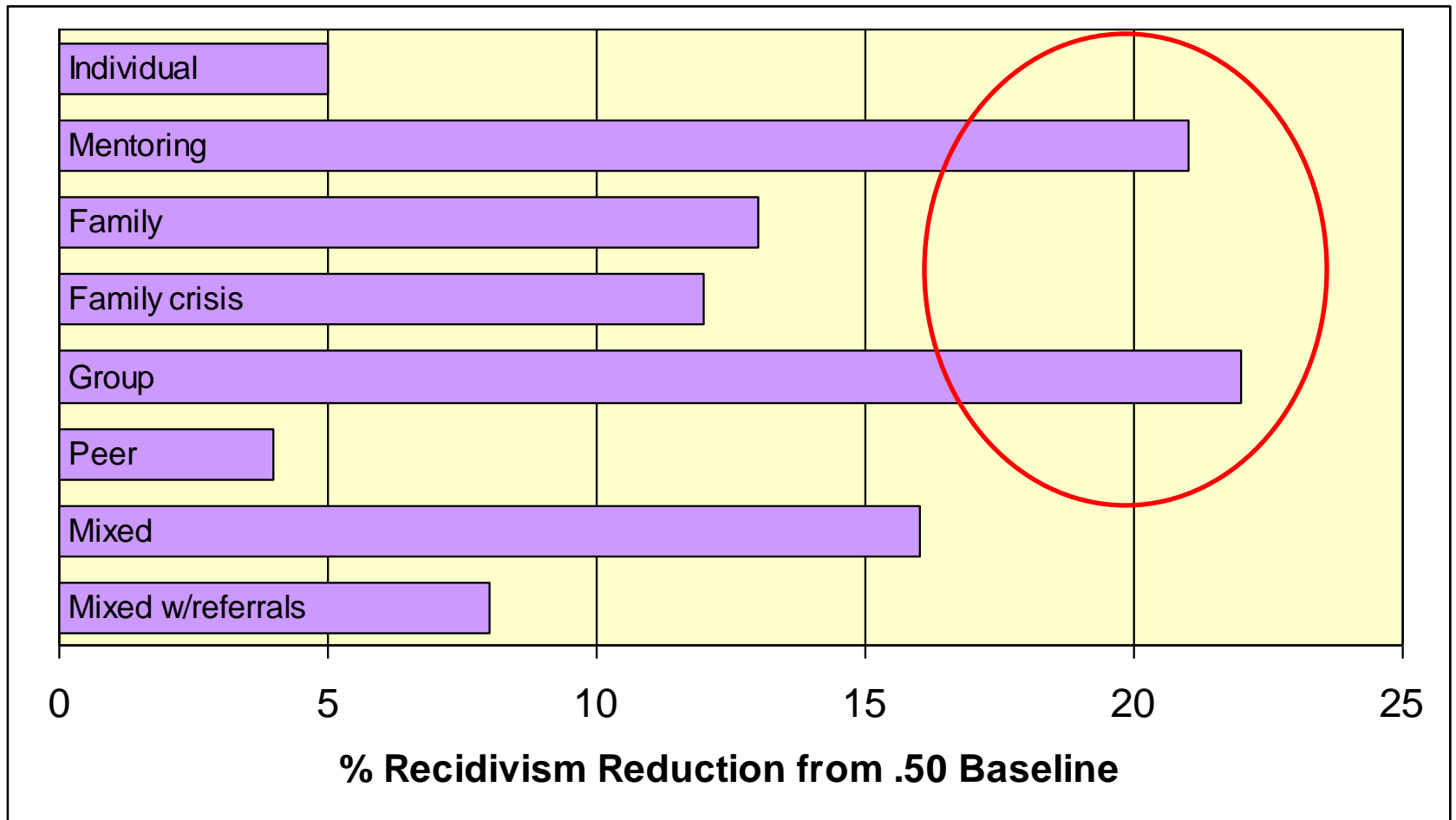
# Meta-Analysis of a comprehensive collection of existing studies of interventions for juvenile offenders

- Over 600 experimental and quasi-experimental studies with latest update
- Juveniles aged 12-21 in programs aimed at reducing delinquency
- Focus on the programs' effects on recidivism (reoffending)

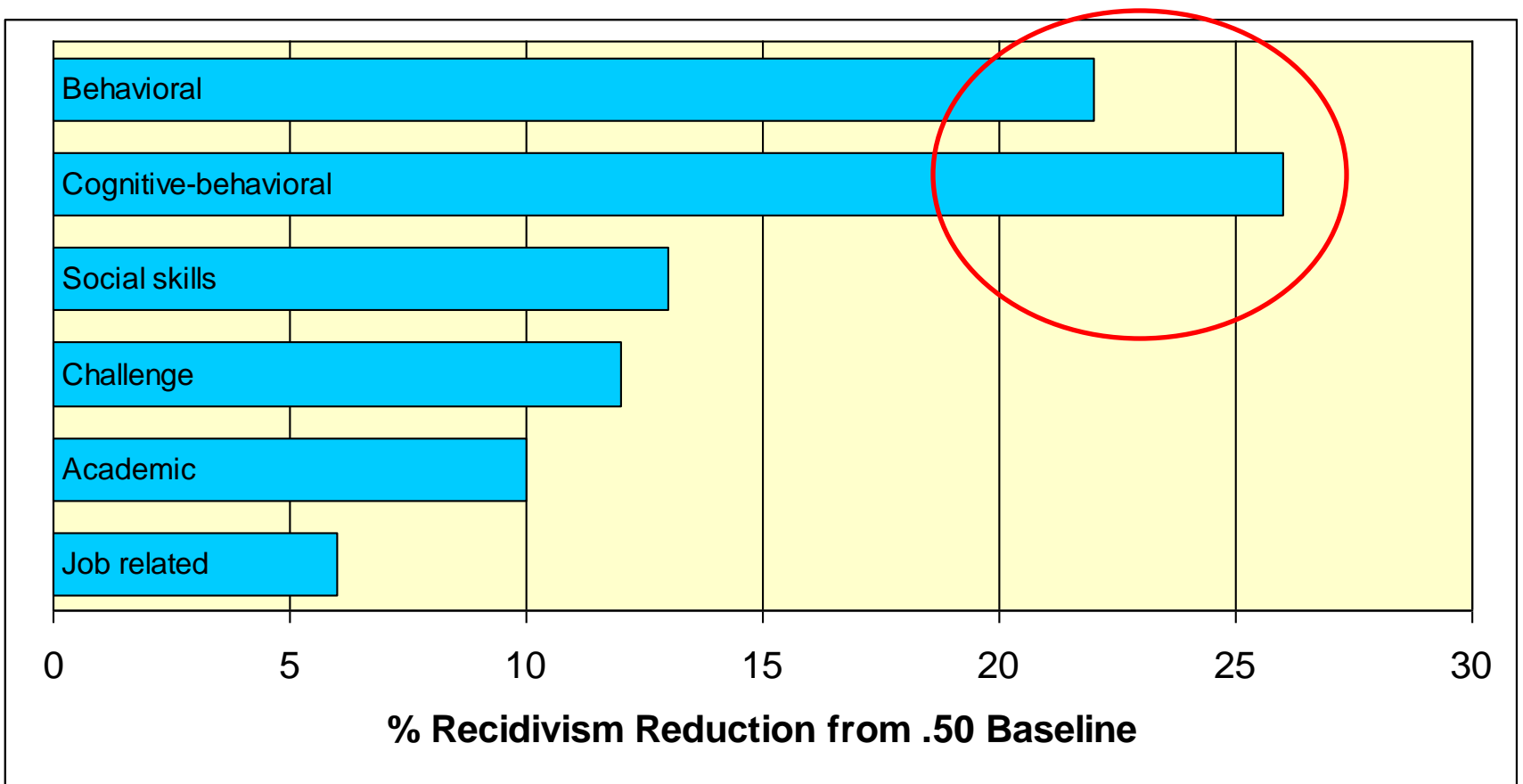
# Program types sorted by general approach: Average recidivism effect



# Further sorting by intervention type within, e.g., counseling approaches



Further sorting by intervention type within, e.g., skill-building approaches



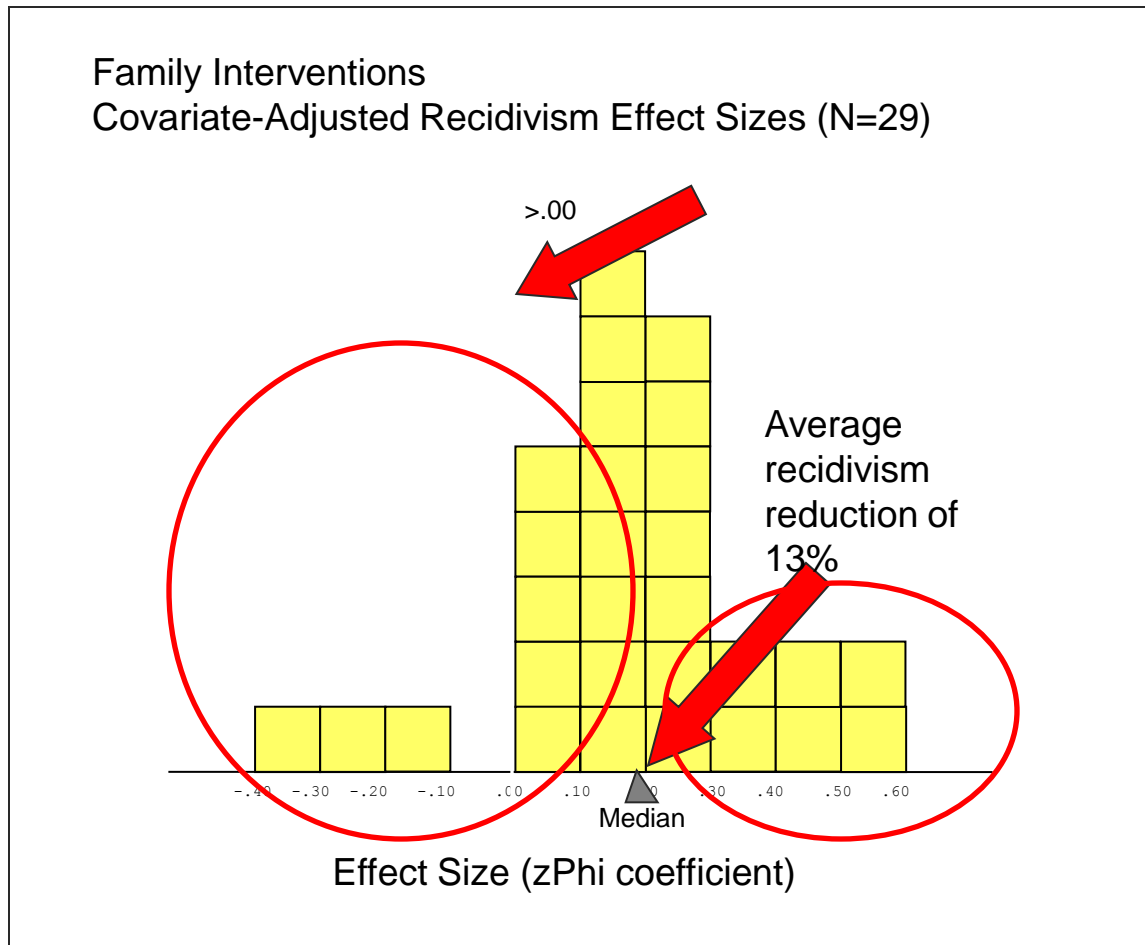


Many *types* of therapeutic interventions thus have evidence of effectiveness ... but there's a catch:

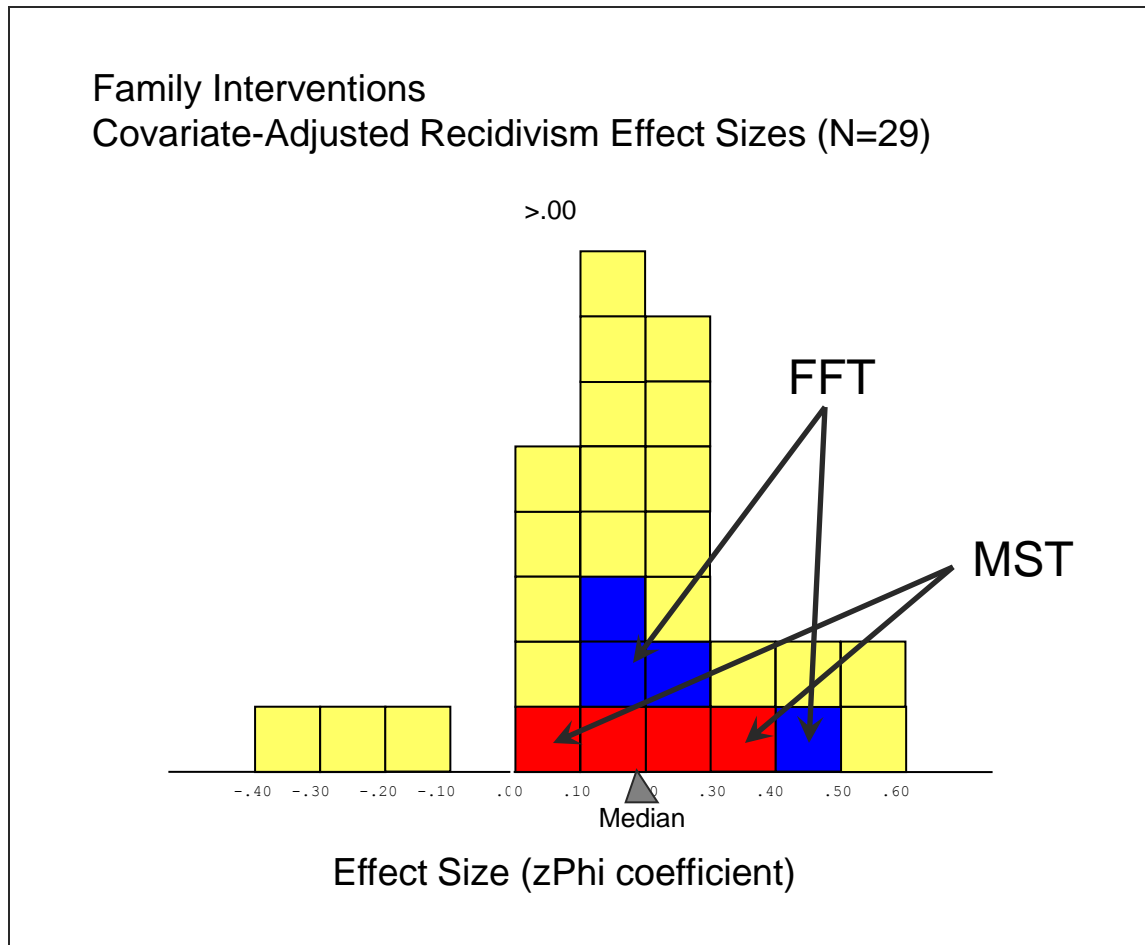
Though their **average** effects on recidivism are positive, larger and smaller effects are distributed around that average.

This means that some variants of the intervention show large positive effects, but others show negligible or even negative effects.

# Example: Recidivism effects from 29 studies of family interventions



# Where are the brand name model programs in this distribution?



To have good effects, interventions must be implemented to match the 'best practice' found in the research

- Program type: Therapeutic approaches are the more effective intervention types
- Risk: Larger effects with high risk juveniles
- Dose: Amount of service that at least matches the average in the supporting research
- High quality implementation: Treatment protocol and monitoring for adherence

# Standardized Program Evaluation Protocol (SPEP)

Apply this knowledge base to assess how well current program practice matches evidence for effectiveness

- A rating scheme for each program type within the therapeutic philosophies
- Applied to individual programs based on data about the services actually provided to participating juveniles
- Validated with juvenile justice programs in Arizona and North Carolina

## Standardized Program Evaluation Protocol (SPEP) for Services to Probation Youth

Points assigned proportionate to the contribution of each factor to recidivism reduction

Target values from the meta-analysis (generic) OR program manual (manualized)

	Possible Points	Received Points
<b>Primary Service:</b>	35	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
High average effect service (35 points) Moderate average effect service (25 points) Low average effect service (15 points)		
<b>Supplemental Service:</b>		
Qualifying supplemental service used (5 points)	5	
<b>Treatment Amount:</b>	10	
<b>Duration:</b> % of youth that received target number of weeks of service or more: 0% (0 points)      60% (6 points) 20% (2 points)     80% (8 points) 40% (4 points)     100% (10 points)		
<b>Contact Hours:</b> % of youth that received target hours of service or more: 0% (0 points)      60% (9 points) 20% (3 points)     80% (12 points) 40% (6 points)     100% (15 points)		
<b>Treatment Quality:</b>	15	
Rated quality of services delivered: Low (5 points)    Medium (10 points)    High (15 points)		
<b>Youth Risk Level:</b>	20	
% of youth with the target risk score or higher: 25% (5 points)      75% (15 points) 50% (10 points)     99% (20 points)		
<b>Provider's Total SPEP Score:</b>	100	[INSERT SCORE]

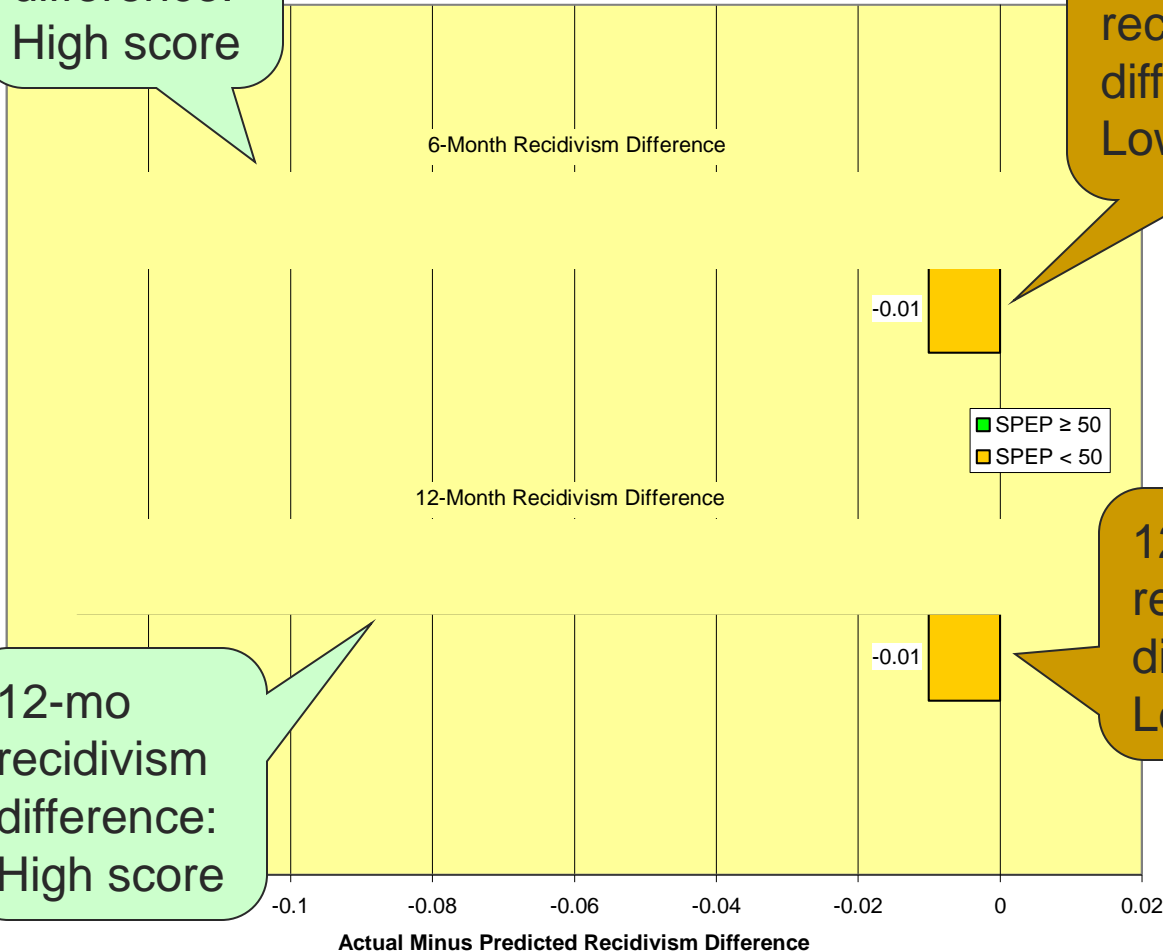
# Actual vs. predicted recidivism for providers with scores $\geq 50$ and $< 50$

6-mo recidivism difference: High score

6-mo recidivism difference: Low score

12-mo recidivism difference: High score

12-mo recidivism difference: Low score



# [ Conclusion ]

- There is a great deal of evidence on the effectiveness of interventions for juvenile offenders *beyond that for brand name model programs*
- Model programs may be the best choice when a new program is to be implemented
- But evidence-based ‘best practice’ guidance can support the *effectiveness of ‘home grown’ programs already in place* without replacing them with model programs