

Evidence Based Practice in Juvenile Justice:

Nebraska White Paper

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Overview of White Paper

This White Paper is the product of the collaborative effort of the University of Nebraska/Lincoln (UNL) Law and Psychology Program, the University of Nebraska/Omaha (UNO) Consortium for Crime and Justice Research and the UNO Juvenile Justice Institute. The purpose of this paper is to provide an overview for understanding, testing, and developing Evidence Based Practice (EBP) interventions that make rehabilitative services available to children in the juvenile justice system. The paper begins with a summary of a proposal for a classification system of EBP programs in the Juvenile Justice System in Nebraska and then goes on to explain the logic of the classification system.¹

Classification System for Evidence Based Juvenile Justice Programs in Nebraska

- I. Model Program/ Fully Evidence Based Practice** – The program satisfies the following five criteria:
- 1) The program demonstrated effectiveness with a randomized experimental study (RCT) or two quasi-experimental studies in which the treatment group showed a significant difference on the target outcome as compared to the control
 - 3) There is at least one independent replication with a RCT or two more quasi-experimental evaluations.
 - 4) The combination of designs adequately addressed all the threats to internal validity (i.e., the design allowed for a strong inference of causality).
 - 5) The program has produced no compromising negative side effects.

¹ NOTE: To fully understand the classification system that was developed, please refer to the full paper, which explains the logic of a temporary assignment and then a final assignment of EBP categories.

- II. Effective** – One RCT or two quasi-experimental designs document the program’s effectiveness. Furthermore, an evaluator has replicated the program’s effectiveness with an RCT design or two quasi-experimental designs but the researcher was not an independent investigator.
- III. Promising** – There has been one successful RCT or two quasi-experiments that document the effectiveness of the program but there was no replication study available **OR** the program matches the dimensions of a successful meta-analysis practice.
- IV. Inconclusive** – There has been one successful RCT or two

(e.g., relying on pretests, measuring potential confounds, and employing statistical control). Quasi-experiments can never produce the same level of confidence in causal inference as do true experiments but replicating findings across quasi-experiments greatly increases confidence in outcomes. When true experiments and quasi-experiments produce significant differences between groups with moderate to large effect sizes, document the nature of the services provided, measure the quality of service implementation and describe the nature of juveniles receiving the treatments, they provide convincing evidence that the program is evidence based (Lipsey, Howell, Kelly, Chapman & Carver, 2010).

The advantages of conducting direct experimental evaluations of implemented programs are that they provide evidence that a program works in the setting in which it was implemented with the population that is in need of services. However, the approach is not without disadvantages, namely, setting up experimental (or quasi-experimental) tests of program effectiveness is not always feasible, i.e., it is not always possible to randomly assign and withhold treatments. Furthermore, when such studies are feasible, they are costly and time consuming to perform and usually require research training that may go beyond the resources of local program administrators.

Model Programs Approach to Evidence Based Practice. There are model programs that researchers have already shown to be effective with replicated experimental or quasi-experimental tests of outcomes. Furthermore, there are outside and independent research agencies such as

Comparing Existing Interventions to Program Specific Meta-analyses. In the last 15 years, program evaluators have conducted a number of

Lipsey, 1992; 2009). Lipsey (2009) included in the latest meta-analysis a large list of predictors of recidivism effects including attributes of the study's

- III. **Promising** – there has been one successful RCT of the program but there is no replication study available.
- IV. **Inconclusive** – there has been one successful RCT of the program but there are contradictory findings in additional studies OR the programs effects are short in duration.
- V. **Ineffective** – the RCT failed to show significant differences between the treatment and control group.
- VI. **Harmful** – the RCT showed that the control group scored higher on the targeted outcome than did the treatment group and the difference is statistically significant.
- VII.

II. Effective

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