Making “What Works” Work for You: Evidence-Based Components and Adaptation
Moderator

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Presented by OJJDP
in conjunction with the
National Juvenile Justice Evaluation Center

a project of the Justice Research and Statistics Association
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Webinar Objectives

• Understand program adaptation.
• Identify the advantages of an evidence-based components approach.
• Determine when and how to modify an evidence-based program.
Poll Question One
Why the Push for EBP?

• Smarter use of funds, resources
  – Cost-benefit
  – Return on Investment (ROI)

• Less need for evaluation
  – IF program plan adheres to effective model
EBP Resources

- Crimesolutions.gov
- OJJDP Model Programs Guide
- Blueprints for Healthy Youth Development
- SAMHSA’s National Registry of Evidence-based Programs and Practices (NREPP)
Implementation Fidelity

• Following the **exact** EBP model
  – Target population
  – Treatment dosage, method, etc.
  – Staff training

• Implementation science
  – Process evaluation
Problems with EBP

• Quality of evidence varies
• Scarce research on some topics
• EBP may not be successful in every situation
  – Embed in existing context
  – “Real world” application
Implementation

• Difficulties of finding a well-matched EBP
• Evolving discussion: feasibility of name brand programs
• Shift in focus towards broad strategies
Poll Question Two
Evidence-Based Components
Components-Based Approach

• Strategies or techniques used by proven programs

• Rather than a specific *program*, focus on *components* demonstrated effective across settings
Examples of Proven Programs

• Multi-systemic Therapy (MST)
• Functional Family Therapy (FFT)
• Nurse-Family Partnership

What strategies do they have in common?

What components might be effective for your problem and target population?
Successful Techniques Across Programs

- Mentoring
- Family counseling/therapy
- Cognitive-behavioral therapy
- Risk assessment
- Graduated sanctions
Evidence Based Components
Examples

– Big Brothers Big Sisters → mentoring
– Midwestern Prevention Project (MPP) → cognitive behavioral therapy
– HOMEBUILDERS → motivational interviewing
– The Incredible Years → social learning/modeling
Components-Based Approach

- Easier to work into current practice
- Might actually *increase* likelihood of success
- Scale up, scale down
- More likely to sustain over time
Can Also Tell Us What *NOT* To Do

- Programs or policies with evidence of ineffectiveness or harm
  - Those with little or no evidence—judgment call
- Shock treatment or shock incarceration
  - E.g., Scared Straight, boot camps
Poll Question Three
Adaptation
Adaptation

• Making a data-driven or research-based change to an existing EBP

• Reason: EBP model is not an exact fit
  – Not simply a response to a lack of resources

• Modify certain elements without changing the “guts” of the program
Fidelity

• Following the exact model/program plan
• Monitoring fidelity prevents:
  – Mission creep
  – Failure to deliver services
  – Spontaneous/unplanned changes to target population or service delivery
Confusion: Fidelity or Adaptation?

• No simple answer

• Main considerations:
  – Have support to justify the change
  – DOCUMENT the change with program data
  – Carefully assess (process and outcome) how the change has affected program performance
No data or research support

New program based on available research

Promising Practice

Adapted Promising Practice

Adapted EBP

EBP Implemented with Fidelity
Deciding What To Modify

• Adaptation can be successful as long as changes do not affect what is actually causing the change in youth

• Evidence-based components are the critical, over-arching elements that should **not** be changed
EB Components and Adaptation

• Understanding evidence-based components can inform decisions about adaptation
• Not an exact science
• Performance measurement, evaluation preparation are critical
Decisions About Adaptation

• Adaptation—whether a big or small change—can impact the effectiveness of a program, policy, or practice.

• Use a data-driven or research-based approach to support changes whenever possible.
Example: Substance Abuse Treatment

• 60-day residential, following specified treatment protocol and a 30-day intensive community follow-up

• What could be changed?
  – 30 days, 45 days, etc.
  – Non-residential treatment
  – No community follow-up
What Factors Might Be Important?

- **Type** of treatment or intervention
  - Mentoring vs. academic tutoring

- **Dosage** of treatment or intervention
  - 3 meetings of 1 hour per week vs. 3-hour meetings once a week

- **Manner of delivery** for treatment or intervention
  - Home-based vs. school-based mentoring
Youth Interventions: What is Essential?

- Addressing risk factors such as abuse, substance use, poverty
- Community/family based programs, rather than institutional
- Staff are sufficiently trained to deliver treatment appropriately and uniformly
- DATA COLLECTION AND ANALYSIS
Cautions and Caveats

• Change creates potential for the program to fail or have diminished effects

• Greater departure from evidentiary support—lower expectation that program WILL be effective

• Do not alter program plan based *solely* on lack of resources
Cautions and Caveats

• **Collect** performance measurement data to document change.

• **Use** performance measurement data to reassess program plan.
Questions submitted during the presentation will now be addressed!
Working Backwards

Determine if a currently operating program uses evidence-based components.
Existing Programs

• Currently operating programs/practices may reflect evidence-based components
• Confident that program/practice is successful; demonstrate with data
Examine Your Logic Model

• Determine if evidentiary support for current program, practice exists
• Consider conformity to EBP plan to further increase success
Example: Violence Prevention Program

- Middle school male and female students
- Referred to school counselor for physical altercation with teacher or peer(s)
- Parent, teacher involvement
- Purpose: teach self control, anger management; develop social skills, learn appropriate responses to disagreement
Violence Prevention Program uses...

- Wraparound approach
- Cognitive-behavioral techniques
- Mentoring
- School-based setting
SNAP

- Under 12, originally designed for males only
- Includes risk assessment
- Curriculum can be applied to youth in custody, females
- Reduces aggression, anti-social behavior
VPP and SNAP

• Both use similar techniques—evidence-based components

• SNAP has been demonstrated successful in a wide variety of settings

• VPP might benefit from risk assessment
  – More effective time to refer youth than after a physical altercation?
Starting From Scratch

Adapt an evidence-based program to address an identified problem or need.
Develop Program Logic

- **Identify** problem and target population
- **Examine** evidence-based strategies addressing problem, target population
- **Develop** goal, objectives, and activities
- **Generate** performance measures
- **Justify** program decisions with evidence base
Adapt...

• To address a variation on a specific problem
• To apply a strategy in a new context or for a new target population
• To examine the use of a technique in a new situation

.... etc.
Examples:

- Rural/urban areas
- Tribal youth
- Girls/boys
- High school/middle school students
Nurse-Family Partnership

• Top-tier evidence-based practice
• Consistently demonstrated effective in a wide variety of settings using randomized controlled trials
• Bi-weekly home visits for expectant mothers through age 2
Nurse-Family Partnership

• Problem addressed: health, education, and economic disparities for low-income, first-time mothers

• Results for children: improved prenatal health, school readiness, fewer childhood injuries

• Results for mothers: increased employment
Adaptation: Target Guardians

• Single fathers, grandmothers, etc.
• Changes to program plan:
  – No pre-natal involvement
  – Target population demographics (age, gender)
Justification

• Substantial need in areas with prevalent non-maternal guardianship
  – Address same negative consequences for guardian, children as original program plan

• NFP encourages involvement of fathers during home visits with mothers
  – Demonstrated success with fathers in this context
Important Considerations

• Implement all other aspects of program with fidelity

• Performance measurement data critical
  – Number of visits
  – Demographic information
  – Outcomes related to health, employment, etc.
Assessment of Adaptation

• Compare process and outcome data with original NFP
  – Degree of success in outcomes
  – Ability to implement and see results for new target population
Assessment of Adaptation

• New challenges in implementation, outcomes
• Was the change appropriate? Is the program plan still effective with this change?
• Responses: reassess technique, mode of delivery, etc.
Takeaways

• Evidence-based components lay the framework for adaptation
  – Inform decisions about program modification

• Components approach is user-friendly, real-world accessible, addresses many of the current problems with implementing EBP

• Necessary to review quality program data, assess effect of change on implementation, outcomes
More Information

- Improving the Effectiveness of Juvenile Justice Programs – M. Lipsey et al.
- What Works: Effective Recidivism Reduction and Risk-Focused Prevention Programs – R. Przybylski
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