

The Case for Evidence-Based Programs and Practices

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Antisocial Behavior, Violence, Alcohol, Drug and Delinquency Prevention Programs: Overview*

- Most Programs Have No Credible Evaluation
- Those With Credible Evaluations:
 - Most Don't Work
 - 35 to 40 meet Evidence-Based Program Standards
 - A Few Appear to be Harmful
- Some Model Programs Don't Have Capacity to Go to Scale

*Center for the Study and Prevention of Violence. Based on over 700 program reviews.

New Proposed Standard for Evidence-Based Certification*

- Experimental Design/RCT
- Statistically significant positive effect
- Effect sustained for at least 1 year post-intervention
- At least 1 external replication with RCT
- RCT's adequately address threats to internal validity
- No known health-compromising side effects

*Adapted from *Hierarchical Classification Framework for Program Effectiveness*, Working Group for the Federal Collaboration on What Works, 2004.

Hierarchical Classification*

- I. *Effective*: Meets all standards
- II. *Effective with Reservation*: Internal rather than external RCT replication(s)
- III. *Promising*: Lacks any RCT replication
- IV. *Inconclusive*: Contradictory findings or non-sustainable effects
- V. *Ineffective*: Meets all standards but with no statistically significant effects
- VI. *Harmful*: Meets all standards but with negative main effects or serious side effects
- VII *Insufficient Evidence*: All others

*Adapted from *Hierarchical Classification Framework for Program Effectiveness*, Working Group for the Federal Collaboration on What Works, 2004.

Defining “Evidence-Based”

- Programs classified as Model, Effective, or Promising on Federal Hierarchy
- Consistently positive effects from Meta Analyses
- Only Model programs should ever be taken to scale

Recommended Lists of Evidence-Based Programs: AS Behavior

- Blueprints (OJJDP): Model or Promising (100%)
- NIDA: Effective (60%)
- OJJDP Title V: Exemplary (54%)
- Office of Safe and Drug Free Schools (DOE): Exemplary (67%)
- HAY (OJJDP): Level 1 (58%)

Ineffective and Harmful Programs and Strategies

What Doesn't Work!

*Negative Effects

- Waivers to Adult (Criminal Courts)*
- Boot camps
- DARE
- GGI and Positive Peer Culture
- Gun Buyback Programs
- Peer Counseling Programs
- Summer Job Programs (At Risk Youth)

* Adapted from Sherman et al., 1997; National Institute of Justice, 1998.

What Doesn't Work!

*Negative Effects

- Neighborhood Watch
- Arrests of Unemployed Domestic Abusers*
- Scared Straight*
- Shock Probation/Parole*
- Home Detention with Electronic Monitoring
- Casework/Counseling*

* Adapted from Sherman et al., 1997; National Institute of Justice, 1998.

What Works to Prevent or Deter
Violence, Drug Use and
Delinquency

Effective Strategies: Meta Analyses

- Individual-Level Interventions
 - Self Control/Social Competency*
 - Individual counseling**
 - Behavioral Modeling/Modification
 - Multiple Services
 - Restitution with Probation/Parole
 - Wilderness/Adventure
 - Methadone Maintenance

*Only with cognitive-behavioral methods (Wilson et al., 2001)

**Only with non-institutionalized juvenile offenders (Lipsey and Wilson, 1998)

Effective Strategies: Meta Analyses, Cont'd

- Contextual (family, school and community)
 - School & Discipline Management
 - Normative Climate Change
 - Classroom/Instructional Management
 - Reorganization of Grades, Classes
 - Teaching Family Model
 - Community Residential*

* Effective only with institutionalized juvenile offenders

Evidence-Based Programs (Blueprint Model Programs)

Nurse Home Visitation

Midwestern Prevention Project

PATHS

Functional Family Therapy

Bullying Prevention Program

Multisystemic Therapy

Big Brothers Big Sisters

Project TND

Life Skills Training

Treatment Foster Care

Incredible Years

Life Skills Training

Description: Drug prevention

Target: All middle/junior high school (grades 6/7) students

Cost: \$625 per 30 students for 3 years (no training incl)

Contact: Gilbert Botvin, Ph.D., Director
Institute for Prevention Research
Cornell University Medical College
411 East 69th Street, KB-201
New York, NY, 10021
212-746-1270

Life Skills Training

Evidence of Effect

- Reduces tobacco, alcohol, and marijuana use 50-75%.
- Effects maintained through grade 12.
 - Cuts polydrug use up to 66%.
 - Reduces pack-a-day smoking by 25%.
 - Decreases use of inhalants, narcotics, and hallucinogens.

Bullying Prevention Program

Description: Reduction of victim/bully problems

Target: Grades 4-7

Cost: Full-time consultant, minimal classroom costs

Contact: Dan Olweus, Ph.D.
Research Center for Health Promotion
(HEMIL)
University of Bergen
Christiesgt. 13, N-5015
Bergen, Norway 47-55-58-23-27

Bullying Prevention Program **Evidence of Effect**

- Reductions in bully/victim problems of 50 percent or more.
- Reductions in antisocial behavior (theft, vandalism, truancy).
- Improvement in school climate.

Nurse-Family Partnership

Description: Nurse home visitation

Target: Low-income, at-risk pregnant women bearing their first child

Cost: \$3,200 per year per family for startup

Contact: David Olds, M.D., Director
Prevention Research Center
1825 Marion Street
Denver, CO 80218
303-864-5200

Nurse-Family Partnership

Evidence of Effect

Reductions in:

- η Prenatal Health Problems.
- η Subsequent Births.
- η Welfare and Food Stamp Use.
- η Maternal Arrests (61%) and Convictions (72%).

Nurse-Family Partnership

Evidence of Effect

Reductions in:

- ι Maternal Unemployment.
- ι Child abuse, neglect, and injuries (48%).
- ι Child Arrests (59%) and Adjudications as PINS (90%) @ age 15.

Revised 1/06

Multisystemic Therapy

Description: Multidimensional home-based family therapy

Target: Chronic and violent offenders, ages 12-17

Cost: \$4,500 per youth

Contact: Scott Henggeler, Ph.D.
Program Designer
Medical University of South Carolina
For training and implementation questions:
Keller Strother,
MST, Inc.,
P.O. Box 21269
Charleston, SC 29413
843-843-856-8226

Multisystemic Therapy

Evidence of Effect

- Reductions in rearrests 25-70%.
- Reductions in self-reported criminal behavior.
- Decreased drug use.
- Improvements in family functioning.
- Decreased mental health problems.

Feasibility Example

- Cost to provide every student in U.S. a model drug prevention program like LST is \$550 million per year
- Current national drug control spending is approximately \$40 billion per year
- This represents 1.5% of the current drug control spending

Benefit-to-Cost Ratios: Selected Blueprint Programs*

• Program	Ratio	Outcome
– FFT	\$13.25	Crime reduction
– LST	\$25.61	Drug reduction
– MPP	\$5.29	Drug reduction
– MST	\$2.64	Drug reduction
– MTFC	\$10.88	Crime reduction
– NFP	\$2.88	Crime reduction

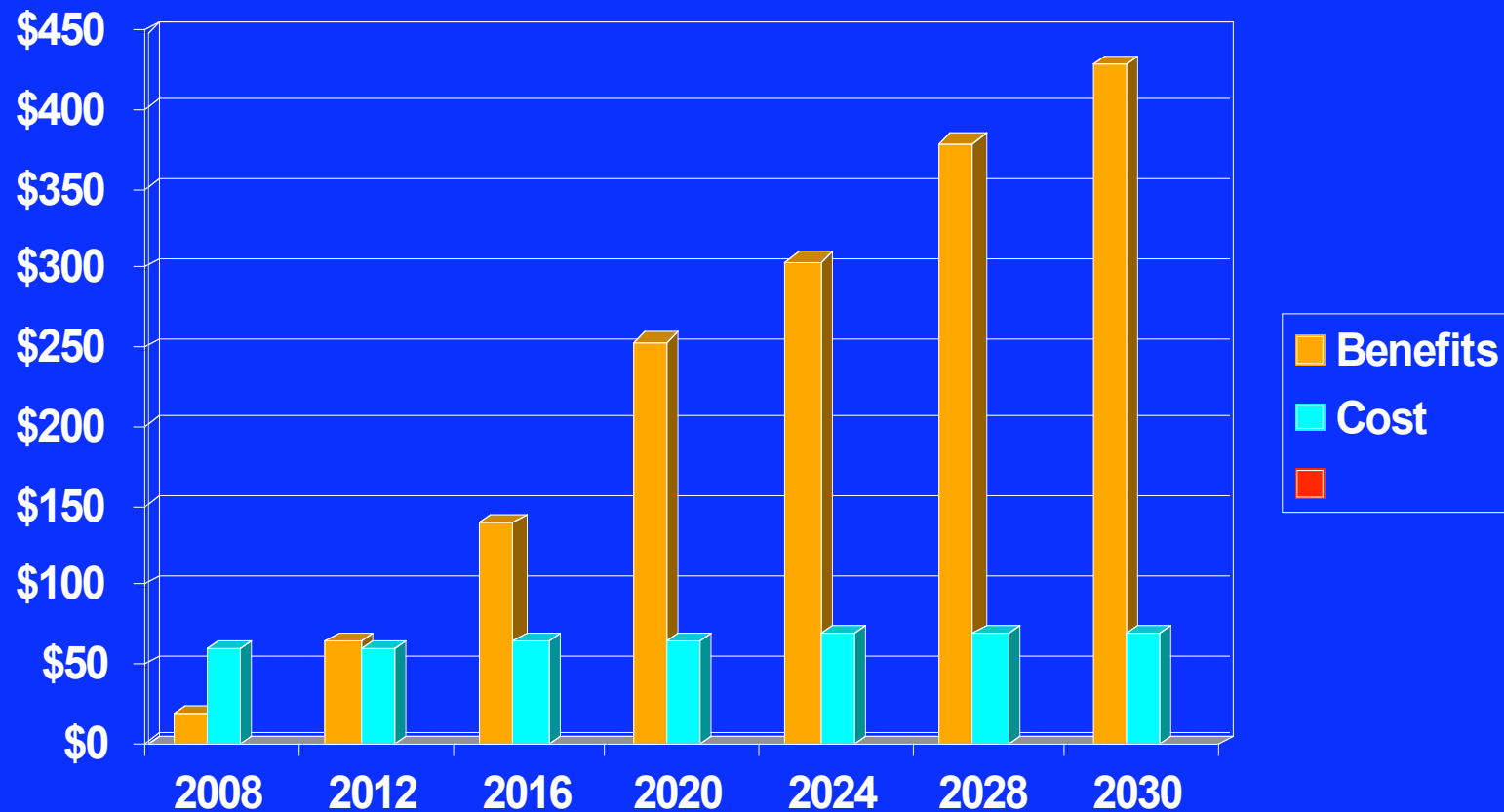
*Washington Institute for Public Policy (2004)

Benefit-to-Cost Ratios: Selected Other Programs*

• Program	Ratio	Outcome
– DARE	\$0.0	None
– Boot Camps	\$0.0	None
– Head Start	\$0.23	None
– Even Start	\$0.0	None
– Healthy Families	\$0.34	None
– Scared Straight	\$-203.51	Increases crime

*Washington Institute for Public Policy (2004)

Annual Taxpayer Costs & Benefits: Forecast with Moderate Portfolio of Evidence-Based Programs



Redirection Project*

State of Florida

- Felony conviction/adjudication rates, 1 year post completion: Redirect 19% vs Comparison 25%
- Felony referral/arrest: Redirect 32% vs Comparison 43%
- Cost savings: Redirection costs \$28,500 less per offender
- Cost savings: Nearly \$40 Million [2004 - 2008].

* MST & FFT. Comparison involves current residential programs. The Justice Research Center, 2009; Office of Program Analysis & Government Accountability, 2008.

Benefits of Using Evidence-Based Programs and Practices

- Effective for More Positive School Climate
- Ethical-Avoids Harmful Effects
- Increases Likelihood of Sustaining Programs (local support)
- Cost Savings to Taxpayers
- Improves the Well-Being of Our Children

Strategy for Upgrading Quality of Prevention Programs

- Whenever Possible-Implement EB Programs
- Funding for Unproven Programs Must Include Evaluation Component
- Programs Evaluated and Found Ineffective Should be Discontinued
- Sustain and Build Capacity for EB Programs with Mainstream Funding

Why Are We Not Implementing EB Violence Prevention Programs?

- It's hard to sell prevention- the focus 'typically is on improving responses to violence/AS behavior
- Programs not addressing strongest risk/protective factors or clusters
- Confusion about standard for EB certification
- Politics and parochial judgment often trump research
- Failure to implement with fidelity

Conclusions

- We Need A Uniform Scientific Standard For Certifying “Evidence-Based” Programs
- Existing Federal Lists Provide Some Guidance, But Programs Other Than Those In The Top Category Are Often Problematic
- EB Program Should Be Selected For Its Known Effect On Particular Risks & Protective Factors For Specific Groups
- If You Decide To Use A Program Not Certified as EB, You Must Commit To Evaluating It
- Stop Using Programs Known to Be Ineffective or Harmful

Referenced Websites

- NREPP: www.nationalregistry.samhsa.gov
- Blueprints: www.colorado.edu/cspv
- OSDFS:
www.ed.gov/admins/lead/safety/exemplary01/panel.html
- NIDA: www.drugabuse.gov/pdf/prevention/RedBook.pdf
- OJJDP Title V:
www.dsgonline.com/mpg2.5/mpg_index.html
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- Surgeon General:
www.surgeongeneral.gov/library/youthviolence/default/html