How does risk prevention (not) work?

Qualitative learning from the realist, pragmatic, randomised trial of the RISKIT-CJS programme with a null result

N Hendrie, A Stevens, R Vass, C Marchand & S Coulton

Nadine Hendrie

University of Kent

n.hendrie@kent.ac.uk





Conflict of Interest statement

I have no financial or non-financial interests that have arisen from the direct applications of this research and no competing interests to declare.





Agenda

- Brief overview of the RISKIT-CJS programme
 - A multi-component risk reduction programme for adolescents
- Focus: What is there to learn from a null result?

Development of two programme theories





RISKIT-CJS: RCT

Pragmatic randomised controlled trial to evaluate the effectiveness and cost effectiveness of a multi-component intervention to reduce substance use and risk-taking behaviour in adolescents involved in the criminal justice system: RISKIT-CJS











What is RISKIT-CJS

Components: individual and group work, motivational enhancement, psycho-education, life skills, psychosocial approaches, cognitive behavioural therapy and mindfulness.

Based on the Social Development Model (Catalano & Hawkins)

Delivered to 13 - 17 year olds in:

- YOTs (Youth Offending Teams)
- PRUs (Pupil Referral Units)
- SMTs (Substance Misuse Teams)





The null result of a Randomised Control Trial

At month 12 we observed an increase in percent days abstinent from substances in both arms of the study, from 61% to 85%, but there was no evidence that RISKIT-CJS was superior to treatment as usual.

A similar pattern was observed for secondary outcomes.

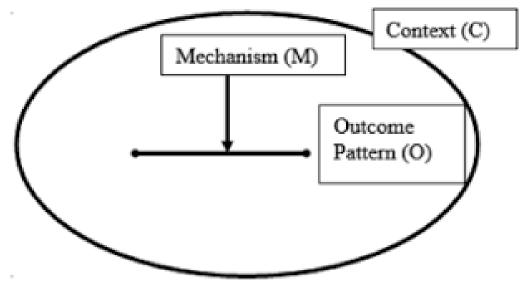




The Realist qualitative evaluation

Using a realist evaluation approach, we attempted to answer questions such as what works, for whom, in which circumstances, and why (Pawson & Tilley, 2002)

Our qualitative research focused on: through what contexts, mechanisms and moderators did young people achieve outcomes in a multi-component risk reduction programme?







The Qualitative evaluation

The qualitative evaluation used a wealth of data from:

- Records of meetings
- Focus groups (Participatory rapid appraisal)
- Interviews
- Fieldnotes of programme delivery



Data were abductively coded (realist framework) to identify the configurations of **contexts**, **mechanisms**, **moderators** and **outcomes** through which the programme worked in practice.





Results

What did we learn?

Different outcomes occurred in different settings

■ The RISKIT-CJS intervention was considered more acceptable, and adherence was higher in PRU and SMT than YOT settings. Young people in the YOTs were already criminalised, making it harder to change behaviour compared with young people in PRUs and SMTs.

Role of champions

 RISKIT-CJS was more likely to succeed where there was strong commitment of host sites and strong local champions for the programme at these sites.





RISKIT-CJS: 1. Positive programme theory

Positive outcomes are more likely to occur from agencies that are...

Contexts

Well organised sites (local) & minimal level of family support (individual)

Mechanisms

Motivation to change, improved educational engagement & developing self efficacy

Moderators

Programme Champions & skilled workers

Outcomes

Reductions in risk behaviours & Increased educational attainment

RISKIT-CJS: 2. Negative programme theory

Negative outcomes are more likely to occur from agencies that are...

Contexts

Sites that are under resourced

Mechanisms

Treatment fatigue & -ve peer effects

Moderators

Labelling of young people. Interactions with gangs & drug markets

Outcomes

Further disengagement from education and further rupture in family relationships

Creating positive contexts for effective risk reduction

Glaring issue: multi-component intervention will struggle to achieve positive outcomes in under resourced locations, disorganized host sites, and with young people with complex mental health needs.

In order to achieve positive outcomes, contextual barriers need to be addressed, creating positive contexts in order to achieve positive outcomes.

Without such +ve contexts, interventions may trigger -ve causal paths





Further Information

RISKIT-CJS Protocol paper:

https://bmcpublichealth.biomedcentral.com/articles/10.1186/s1

<u>2889-017-4170-6</u>

Main RISKIT-CJS report: In press

For more specific information on the trial detail please contact:

n.hendrie@kent.ac.uk





Questions?







A realist programme theory of the RISKIT-CJS programme

