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*The New England Prevention Technology Transfer Center program is funded by SAMHSA of the U.S. Department of Health and Human Services (HHS). The contents of New England PTTC products are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by SAMHSA/HHS, or the U.S. Government.*



New England (HHS Region 1)

**PTTC**

Prevention Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration



# New England Prevention Technology Transfer Center



Improve implementation and delivery of effective substance misuse prevention interventions



Provide training and technical assistance services to the substance misuse prevention field

- Tailored to meet the needs of recipients and the prevention field
- Based in prevention science and use evidence-based and promising practices
- Leverage the expertise and resources available through the alliances formed within and across the HHS regions and the PTTC Network.

- Webinars
- Project ECHO Learning Communities
- Development of Prevention Resources & Tools
- Tailored intensive technical support for coalitions and prevention organizations
- Specialty Area of Training & Technical Assistance: Cannabis prevention
- Leadership development & mentoring



# EVIDENCE-BASED PROGRAM TRAINING SERIES

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Washington State University



**WASHINGTON STATE**  
UNIVERSITY



# Three Sessions

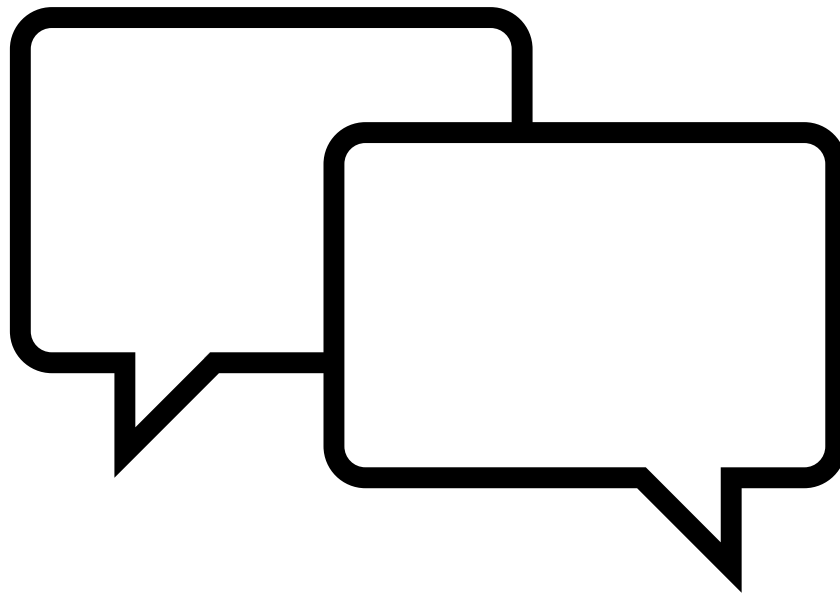
9/12: What are evidence-based programs (EBPs) and why are they important?

9/19: How do we choose the right EBP for our community?

9/26: How do we strike the right balance between EBP fidelity and adaptation?

# In the chat box

- Share one or two things you're hoping to learn or discuss related to program fidelity & adaptation.





# Session 3 Agenda



Welcome Back & Session Objectives



Part 1: Define core terms and review the research



Part 2: Introduce research-based tools & strategies



Part 3: Provide an example and discuss how to apply the tools & strategies



Closing Activity

# A common story in prevention...



Yes! We did it! We got the grant to implement an evidence-based program (EBP).

# A common story in prevention...



Yes! We did it! We got the grant to implement an evidence-based program (EBP).

But wait ... the EBP may need some tweaking to make it work in our community.



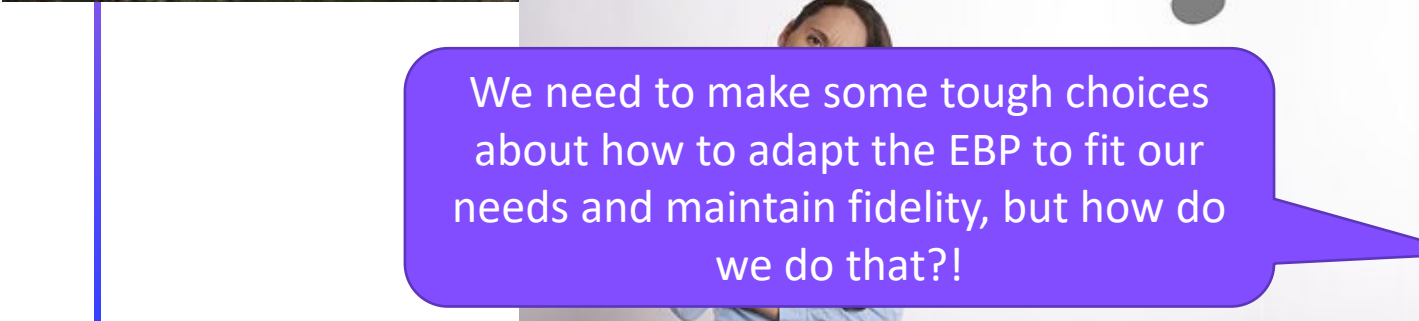


# A common story in prevention...



Yes! We did it! We got the grant to implement an evidence-based program (EBP).

But wait ... the EBP may need some tweaking to make it work in our community.



We need to make some tough choices about how to adapt the EBP to fit our needs and maintain fidelity, but how do we do that?!



# Today's goal...

I have the tools I need to determine when and how to make thoughtful adaptations while still maintaining fidelity.

I am confident I can implement my program with fidelity AND meet my community's needs!





# Session 3 Objectives



To learn key terms, theories, and best practices for evidence-based program implementation and adaptation.



To learn how to apply research-based tools & strategies to assure you maintain core elements of the program needed to achieve positive outcomes while also adapting the non-core elements to enhance fit with your target audience.



# PART 1

Define core terms and review the research on best practices for program implementation and adaptation.



# Defining Terms

- **Fidelity** is the extent to which the evidence-based program (EBP) is delivered as planned, representing the quality & integrity of the EBP as conceived by the developers.
- **Adaptation** involves making changes to an EBP to better fit the needs of the population being served without negatively affecting, removing, or changing key or core elements of the EBP.



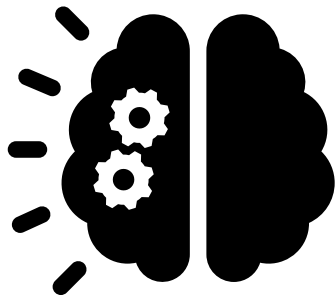
# Defining Terms

- **Cultural adaptation** is the process of adapting interventions to specific cultural groups.
- **Core program elements** are the essential program components that are believed to make an EBP effective and that should be kept intact to maintain its effectiveness.



# Think, Pair, Share

- Why is it important to implement an EBP with fidelity?
- Why might you want to adapt an EBP for your local community?





# The Fidelity Argument

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Best not to tinker with a proven-effective program.

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If making changes, cannot be assured to achieve same positive outcomes.

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Should take advantage of the researchers' expertise about the EBP.





# The Adaptation Argument

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In the real-world, adaptations happen!

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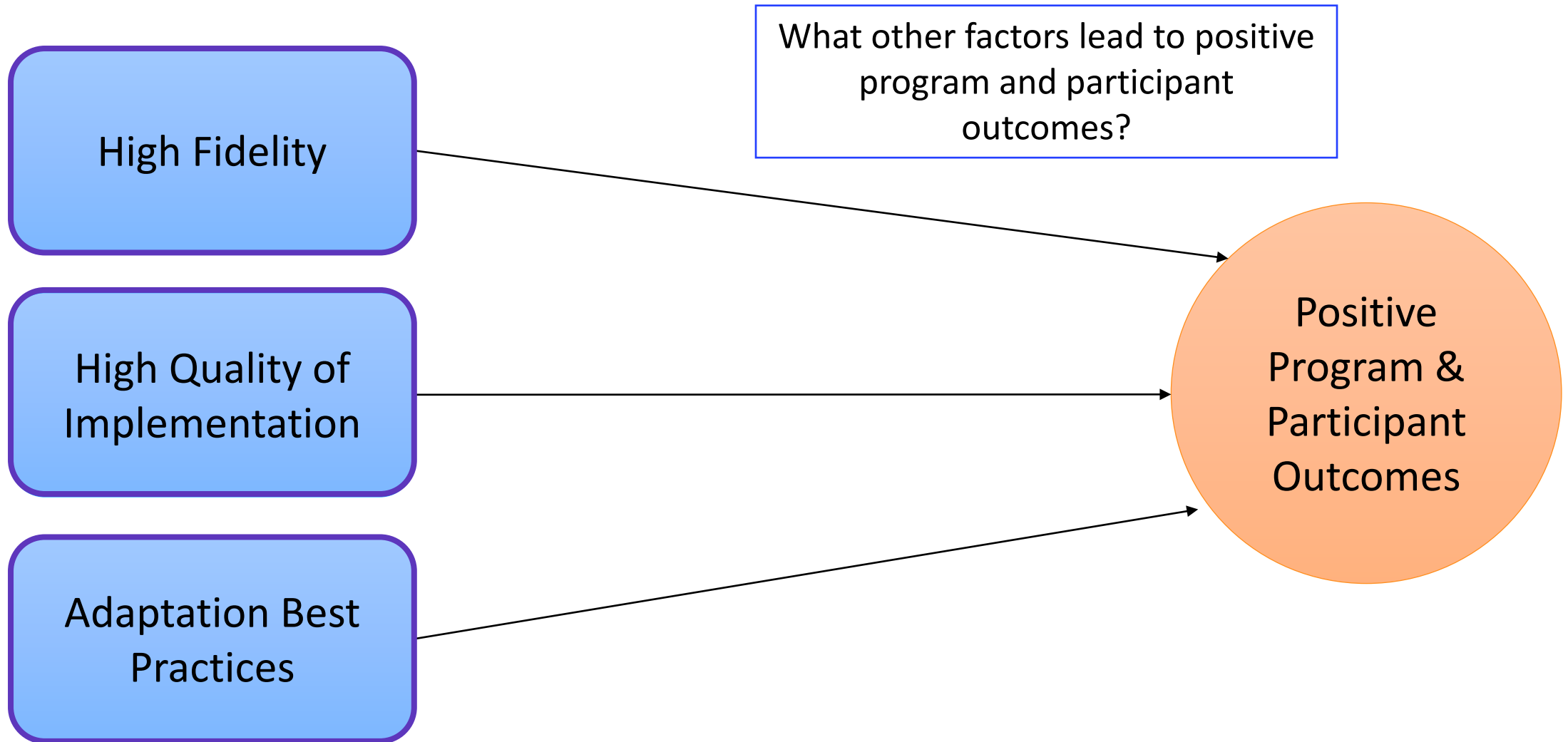
Programs should be adapted to meet the unique conditions and needs of the local community.

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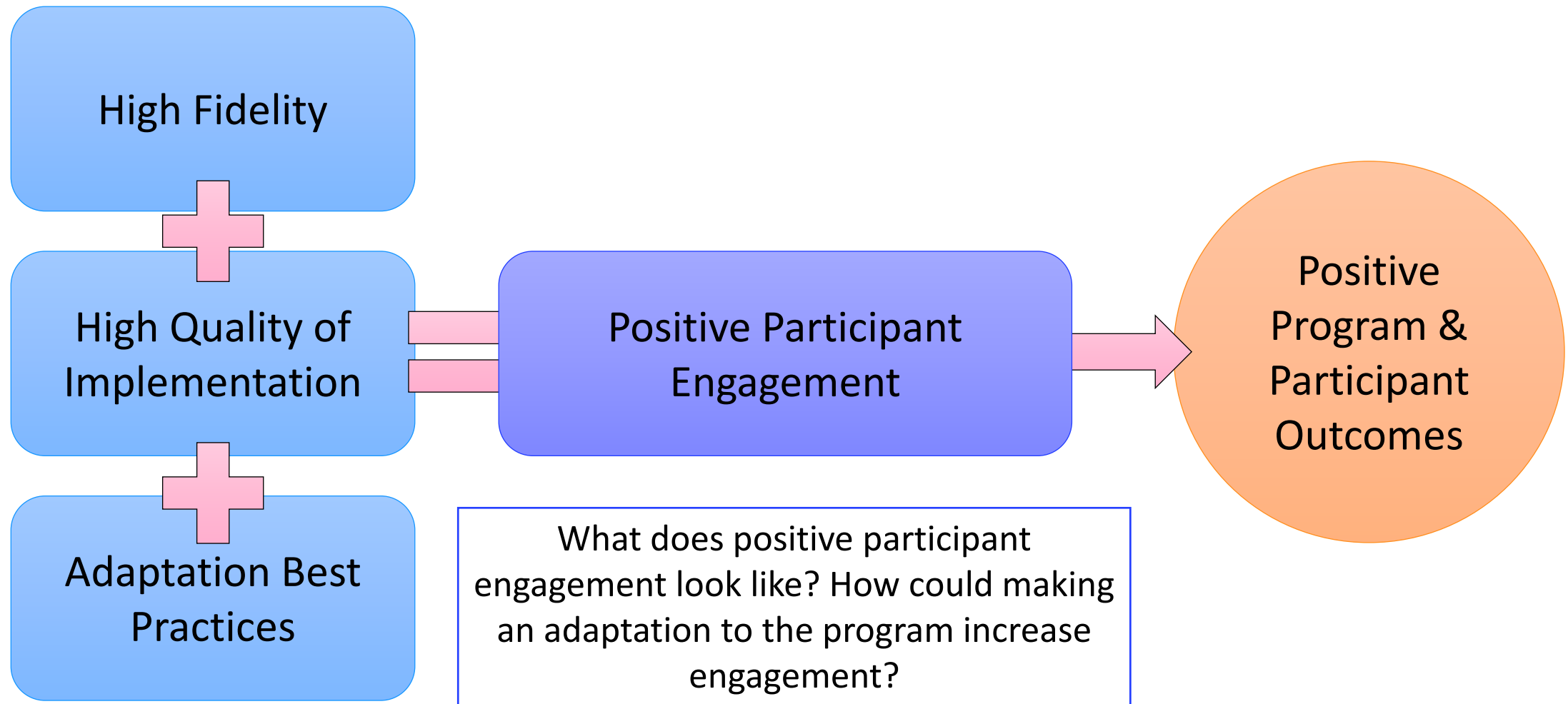
Practitioners' expertise about local community should inform local implementation of an EBP.



# Implementation Best Practices



# Implementation Best Practices



# The Recipe Analogy





# The Recipe Analogy

Think about a program you've implemented recently...what **ingredients** were required and what **variations** did you use?

FIDELITY

## Basic Cake Recipe

**Ingredients** are core components/elements of the program; sites must ensure, in advance, that they have sustainable access to the needed ingredients for the intervention in their local context.

Effective implementation requires prescribed **methods** or actions needed to make the program happen (e.g., home visiting, group activities).

Each recipe has **equipment** – or the organizational and system capacity necessary for its execution.

The equipment available will vary across contexts, but the mechanisms must be able to achieve the same required result to maintain fidelity.

## Variations

Recipe **variations** maintain or enhance the core program goals and theory.

They give thought to both philosophical (is the variation consistent with the underlying program theory?) and logistical (can the variation be accomplished given organizational and system capacity of the local site?) issues.

ADAPTATION



# Three Takeaways

1. Adaptations can occur within the context of low or high fidelity.
2. Not all adaptations deviate from the programs' original design and theory.
3. Making thoughtful adaptations while maintaining fidelity is possible, but how...



# PART 2

Introduce research-based tools & strategies to strike the right balance.



# Guide for Balancing Fidelity & Adaptation

- Cooper, B.R., Parker, L. A., & Diaz Martinez, A. (2019). Balancing fidelity & adaptation: A best practices guide for evidence-based program implementation. WSU Publications, retrieved at: <https://hdl.handle.net/2376/16873>









# 1: Select the EBP that best meets your needs

- Are targeted outcomes relevant & acceptable?
- Strong evidence with targeted population?
- Will content & methods be accessible & appealing to targeted population?
- **Pick a program that will need the least amount of adaptation and one whose developer/trainer is willing to work with you.**

The **NIRN's Hexagon Tool** can be used by communities to better understand how a new or existing program fits into an implementing site's existing context.

<https://nirn.fpg.unc.edu/resources/hexagon-exploration-tool>



## 2: Determine core program elements

- Ideally, you can get this info from the program developer/trainer
- Gather program materials
- Program goals, summary of underlying theory, facilitator guide
- Develop program logic model

The **CDC's SELECT, ADAPT, EVALUATE!** offers tools for how to identify the essential elements of your program.

<https://vetoviolence.cdc.gov/apps/adaptation-guidance/>

The **University of Kansas's Community Toolbox** offers excellent resources for developing a program logic model. <http://ctb.ku.edu/en>



# 3: Assess the need for adaptation

- Identify & categorize mismatches
  - Program goals/objectives
  - Characteristics of target population
  - Characteristics of implementing agency
  - Characteristics of community
- In consultation with developer & using best-practice guidelines, decide if adaptation is necessary

The **CDC's SELECT, ADAPT, EVALUATE!** offers tools for how to select and adapt an EBP to fit your community. <https://vetoviolence.cdc.gov/apps/adaptation-guidance/>



## 4: Adapt the program using best practices

- If needed, make adaptations in consultation with program developer/trainer
- Acceptable ('green light') vs. risky ('red light') adaptations
- Stay true to duration, intensity, and core elements of the program

The **CDC's SELECT, ADAPT, EVALUATE!** offers guidance on “green light” and “red light” adaptations. <https://vetoviolence.cdc.gov/apps/adaptation-guidance/>

The **MADI Decision-Making Guide** offers questions to consider when making adaptation decisions. <https://doi.org/10.1186/s13012-020-01021-y>

## GREEN LIGHT CHANGES

- » Usually minor
- » Made to increase the reach, receptivity, and participation of the community
- » May include:
  - Program names
  - Updated and relevant statistics or health information
  - Tailored language, pictures, cultural indicators, scenarios, and other content

## YELLOW LIGHT CHANGES

- » Typically add or modify intervention components and contents, rather than deleting them
- » May include:
  - Substituting activities
  - Adding activities
  - Changing session sequence
  - Shifting or expanding the primary audience
  - Changing the delivery format
  - Changing who delivers the program

## RED LIGHT CHANGES

- » Changes to core components of the intervention
- » May include:
  - Changing a health behavior model or theory
  - Changing a health topic or behavior
  - Deleting core components
  - Cutting the program timeline
  - Cutting the program dosage

Proceed with minor adaptations to improve fit for your community, setting, target population.

Proceed with caution if adaptations do not interfere with program theory/core components.

Stop.  
Avoid these adaptations if possible.



# 5: Document, monitor, & improve

- Document and discuss progress regularly
  - Fidelity
  - Adaptations
  - Participant engagement
  - Participant outcomes
- Use implementation monitoring tools
- Stay up to date on program revisions

The **CDC's SELECT, ADAPT, EVALUATE!** offers tools for tracking and evaluating adaptations.  
<https://vetoviolence.cdc.gov/apps/adaptation-guidance/>



**QUESTIONS?**





# PART 3

Provide an example and discuss how to apply these research-based tools & strategies to successfully balance fidelity & adaptation.



# Context for Example

- Washington State legalized use of cannabis by adults (21 and older) in 2012.
- Washington State communities have a long history of implementing Strengthening Families Program for caregivers of youth 10-14 year old (SFP 10-14) to reduce youth substance use.
- SFP 10-14 was not developed or evaluated within the context of legalized cannabis use.





# 1: Select the EBP that best meets your needs

- Are targeted outcomes relevant & acceptable?
- Strong evidence with targeted population?
- Will content & methods be accessible & appealing to targeted population?
- Pick a program that will need the least amount of adaptation and one whose developer/trainer is willing to work with you

## SFP 10-14 Pros:

- Strong evidence of reducing alcohol, cigarette, and cannabis use in mostly White rural youth
- Washington State has long history of successfully implementing with variety of communities

## SFP 10-14 Cons:

- Program has not been tested in context of legalized adult use of cannabis
- Caregivers have expressed concerns about communicating to youth about cannabis



## 2: Determine core program elements

- Ideally, you can get this info from the program developer/trainer
- Gather program materials
- Program goals, summary of underlying theory, facilitator guide
- Develop program logic model

The **CDC's SELECT, ADAPT, EVALUATE!** offers tools for how to identify the essential elements of your program.

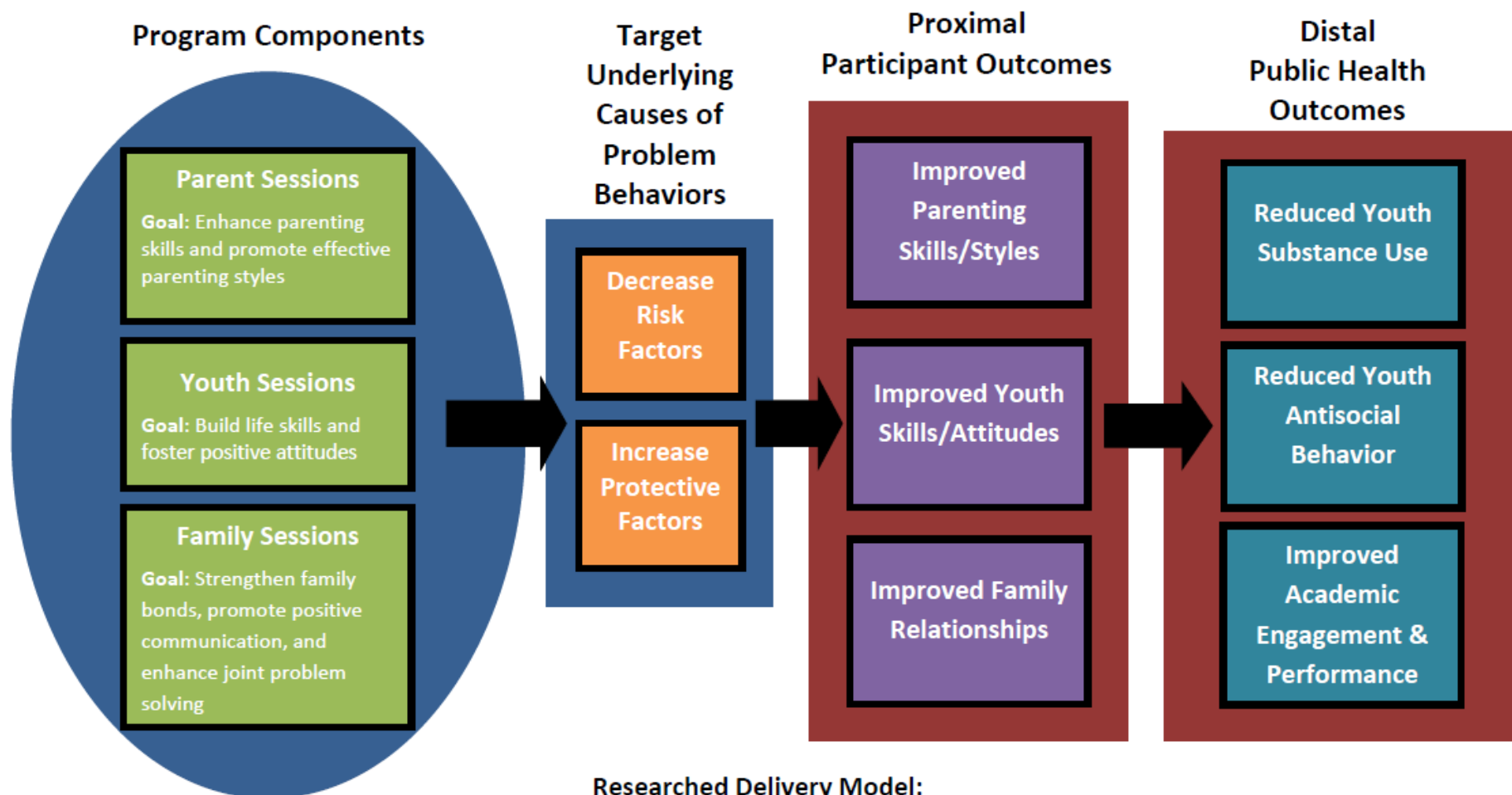
<https://vetoviolence.cdc.gov/apps/adaptation-guidance/>

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# Strengthening Families Program: For Parents and Youth 10-14 (ISFP or SFP 10-14)

The original version of this program was developed through Project Family by the Social and Behavioral Research Center for Rural Health at Iowa State University.

Logic Model created by the Evidence-based Prevention and Intervention Support Center (EPISCenter) at the Pennsylvania State University



## Researched Delivery Model:

- targets youth ages 10 to 14 and their caregivers
- goal of serving 10 families per program
- delivered once weekly for 7 weeks
- a scripted curriculum with interactive video instruction
- led by three facilitators
- parent and youth sessions run concurrently followed by a joint family session for approximately two hours of instruction
- a family meal is recommended prior to program delivery to promote bonding and facilitator modeling

\$\$ Please visit the Washington State Institute for Public Policy (WSIPP) website for current information regarding the Benefit-Cost Results for SFP 10-14. \$\$

<http://www.wsipp.wa.gov/BenefitCost?programSearch=Strengthening+families+program+>

**Program Components & Goals**

SFP 10-14 is delivered over 7 weeks. Each week, the youth and parents meet separately and then, together. Targeted goals drive the parent, youth, and family sessions.

**Program Modalities**

Specific strategies, methods, and techniques are used to accomplish the program goals.

**Targeted Risk and Protective Factors**

Risk factors, which increase the likelihood of drug use, delinquency, school dropout, teen pregnancy, and violent behavior, are targeted for a decrease. Protective factors, which exert a positive influence and buffer against negative outcomes, are targeted for an increase.

**Proximal Outcomes**

SFP 10-14 is designed to impact targeted outcomes *immediately following* program completion.

**Distal Outcomes**

Outcomes impacted by the program *months/years following* program completion have been demonstrated through research.

**Component: Parent Sessions**

**Goal:** Enhance parenting skills and promote effective parenting styles

**Component: Youth Sessions**

**Goal:** Build life skills and foster positive attitudes

**Component: Family Sessions**

**Goal:** Strengthen family bonds, promote positive communication, and enhance joint problem solving

Projects & Games

Role Play & Skill Practice

Group Discussions

Video Portrayal & Modeling

Group Discussions

Self-reflection

Video Portrayal & Modeling

Family Meal

Family Games & Projects

Video Portrayal & Modeling

Role Play & Skill Practice

**Risk Factors:**

- Negative youth and family management practices: harsh, inappropriate, or inconsistent discipline, indulgence, poor monitoring, demanding/rejecting behavior, and poor communication of rules
- Youth aggressive or withdrawn behavior
- Favorable attitudes toward problem behaviors and substance use
- Negative peer influences
- Poor social/stress management skills
- Family conflict
- Early initiation and persistent antisocial behavior
- Poor school performance

**Protective Factors:**

- Positive youth and family management practices: monitoring, age-appropriate parental expectations, and consistent discipline
- Effective and empathetic parent-child communication
- Promotion of healthy beliefs and clear standards
- Family bonding and supportive family involvement
- Goals/positive future orientation
- Positive parent-child affect
- Emotion management
- Pro-social family values
- Peer pressure refusal skills

**Improved Parent Skills/Styles:**

- Empathy with youth stressors
- Support youth goals & dreams
- Active listening and effective communication
- Understand youth development
- Clear communication of rules and substance use expectations
- Identify and deliver appropriate consequences calmly
- Reward good behavior
- Monitor youth

**Improved Youth Skills/Attitudes:**

- Healthy coping & stress management
- Peer pressure resistance
- Making good decisions/Setting goals for the future
- Empathy & appreciation of parents
- Understanding the value of rules & responsibilities
- Know qualities of good friends
- Understand the harmful impact of problem behavior & substance use

**Improved Family Relationships:**

- Family bonding/Affective quality
- Joint problem solving
- Effective communication
- Identify family strengths & values
- Value time together/family fun

**Reduced Youth Substance Use:**

- Less likely to have ever used alcohol
- More likely to delay initiation of alcohol, cigarette, and marijuana use
- Less likely to have misused prescription drugs
- Less likely to report methamphetamine use
- Less likely to show growth in poly-substance use
- Less likely to report drunkenness or illicit drug use

**Reduced Youth Antisocial Behavior:**

- Less self-reported aggressive & destructive behavior
- More likely to delay onset of problematic behaviors
- Less likely to show growth in internalizing symptoms

**Indirect Impact – Improved Youth Academics:**

- More likely to report improved school engagement
- More likely to report improved academic success

The **CDC's SELECT, ADAPT, EVALUATE!** provides a worksheet for 'estimating essential elements' of prevention programs. <https://vetoviolence.cdc.gov/sites/vetoviolence.cdc.gov/apps/violence-prevention-practice/files/estimating-essential-elements-of-program-508.pdf>

## ELEMENTS

## QUESTIONS TO CONSIDER

# What

- Knowledge, skills, and messages delivered through program activities

1. What messages will be communicated?
2. What knowledge will be increased?
3. What skills will be developed?

# How

- How it should be delivered
- Instructional methods, setting, timing

1. What are the recommended teaching methods?
2. How many sessions should be delivered, for how long, and over what period of time?
3. What setting will best support learning?

# Who

- Characteristics of who should ideally deliver the program

1. What skills and experiences will help facilitators deliver essential content?
2. What other characteristics (e.g., credibility) will help a facilitator successfully deliver program?





# Estimating Essential Elements of Program



Practitioners can use this worksheet to estimate essential elements of educational approaches. If the WHAT and HOW sections vary considerably by session, consider filling out one worksheet per approach session.

Session #

	Questions for Practitioners	Estimated Essential Elements
<b>W H A T</b>	<ol style="list-style-type: none"> <li>1. What messages will be communicated?</li> <li>2. What knowledge will be increased?</li> <li>3. What skills will be developed?</li> </ol>	
<b>H O W</b>	<ol style="list-style-type: none"> <li>1. What are the recommended teaching methods?</li> <li>2. How many sessions should be delivered, for how long, and over what period of time?</li> <li>3. What setting and environment will best support learning?</li> </ol>	
<b>W H O</b>	<ol style="list-style-type: none"> <li>1. What skills and experiences will help facilitators deliver essential content clearly?</li> <li>2. What other characteristics, like credibility with participants, values, and buy-in, will help a facilitator successfully deliver the approach?</li> </ol>	





# Let's practice!

- Breakout groups of 2-3
- Using the SFP 10-14 website and logic model, estimate SFP 10-14's essential elements by completing as much of the worksheet as you can.
  - Program website: <https://www.extension.iastate.edu/sfp10-14/>
  - Logic model: [https://epis.psu.edu/sites/default/files/2020-06/SFP10-14\\_Logic%20Model\\_2020-01-09.pdf](https://epis.psu.edu/sites/default/files/2020-06/SFP10-14_Logic%20Model_2020-01-09.pdf)
  - Worksheet: <https://vetoviolence.cdc.gov/sites/vetoviolence.cdc.gov/apps/violence-prevention-practice/files/estimating-essential-elements-of-program-508.pdf>

# 3: Assess the need for adaptation

- Identify & categorize mismatches
  - Program goals/objectives
  - Characteristics of target population
  - Characteristics of implementing agency
  - Characteristics of community
- In consultation with developer & using best-practice guidelines, decide if adaptation is necessary

## **SFP 10-14 Mismatch**

- No explicit information about cannabis, especially within the context of legalized adult use



## **Consultation**

- Consulted with experienced trainers, facilitators, and past SFP 10-14 caregiver participants
- Consulted 'What does and doesn't work in prevention' information

## 4: Adapt the program using best practices

- If needed, make adaptations in consultation with program developer/trainer
- Acceptable ('green light') vs. risky ('red light') adaptations
- Stay true to duration, intensity, and core elements of the program

### SFP 10-14 Mismatch

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# Adaptation Idea #1

- Add a new session at the end focused on cannabis use
- Concerns about:
  - Extending the length of the program might increase participant burden → more likely to dropout
  - Youth being exposed to cannabis-specific information

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Proceed with minor adaptations to improve fit for your community, setting, target population.

Proceed with caution if adaptations do not interfere with program theory/core components.

Stop.  
Avoid these adaptations if possible.



# Adaptation Idea #2

- Add 15 minutes of cannabis-specific content to each caregiver session
- Add 15 minutes of general substance use-related content to each youth session
- Principles used to guide additions:
  - Add new content and resources in alignment with content for that session
  - Add new content and resources in alignment with feedback from facilitators and caregivers
  - Assure additions do not include elements of ineffective programs



# Adaptation #2 Examples

## Caregiver Adaptation Example

- Session 2: Making House Rules – added 15 minutes related to safe storage/disposal of cannabis and house rules regarding cannabis safety (e.g., keep cannabis out of sight, pick a place your youth cannot reach/find it, use medication lock box)

## Youth Adaptation Example

- Session 3: Dealing with Stress – added 15 minutes related to decision-making and normalizing non-drug use; make ‘coping choices tool’ to use in activity where they practice making healthy choices under stressful situations (e.g., friend suggests you smoke to relieve stress)

We didn't change the overall theme of the session, but tried to reinforce what was already being reviewed in that session.



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# 5: Document, monitor, & improve

- Document and discuss progress regularly
  - Fidelity
  - Adaptations
  - Participant engagement
  - Participant outcomes
- Use implementation monitoring tools
- Stay up to date on program revisions



We are currently piloting the adaptation, meeting regularly to discuss impact, and collecting data on participant engagement and outcomes.

The **CDC's SELECT, ADAPT, EVALUATE!** offers tools for tracking and evaluating adaptations.  
<https://vetoviolence.cdc.gov/apps/adaptation-guidance/>

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**QUESTIONS?**

# Discussion

- How do you envision using these research-based tools and strategies in your own work?
- What is missing or still needs to be addressed to meet your needs?

# Today's goal...

I have the tools I need to determine when and how to make thoughtful adaptations while still maintaining fidelity.

I am confident I can implement my program with fidelity AND meet my community's needs!



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# **ADDITIONAL RESOURCES**

# Prevention Technology Transfer Center

- Recorded Webinar: A Cultural Adaptation of Screening, Brief Intervention to Treatment for Working Hispanic and Latinx Communities (2-Part Series) <https://pttcnetwork.org/centers/national-hispanic-latino-pttc/product/cultural-adaptation-screening-brief-intervention-and>
- Recorded Webinar: Applying Prevention Science to Practice: What Implementation Experts Need to Know about Program Fidelity <https://pttcnetwork.org/centers/pttc-network-coordinating-office/product/applying-prevention-science-practice-what-0>
- Recorded Webinar: Adaptation in Substance Misuse Prevention: Improving Effectiveness and Achieving Better Outcomes <https://pttcnetwork.org/centers/northeast-caribbean-pttc/product/adaptation-substance-misuse-prevention-improving>
- Recorded Webinar: Toward Equity-Focused Prevention of Substance Misuse for Hispanic & Latin Populations <https://pttcnetwork.org/centers/pacific-southwest-pttc/product/toward-equity-focused-prevention-substance-misuse-hispanic>

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# THANK YOU!

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