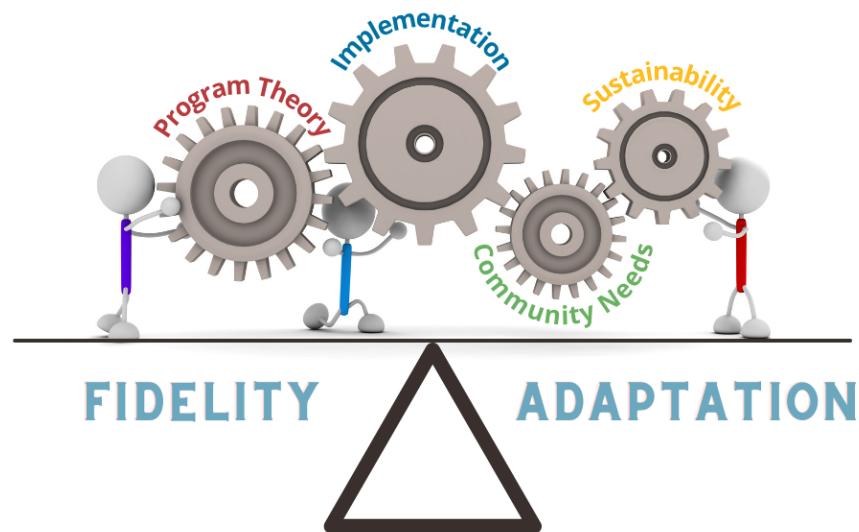




Striking the Right Balance between Fidelity & Adaptation

Tools & Strategies for Implementing Evidence-based Substance
Use Prevention Programs to Meet Community Needs



Dr. Brittany Cooper

Associate Professor, Human Development
Extension Specialist, Youth & Family Program
Graduate Faculty, Prevention Science Graduate Program
Washington State University

Resource Supplement

July 14, 2022

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A Division for Advancing Prevention and Treatment (ADAPT)

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ADAPT: A Division for Advancing Prevention & Treatment

Mission

The mission of ADAPT is to advance knowledge, skills, and quality outcomes in the field of substance use prevention while supporting successful integration of strategies informed by the best available evidence into communities.

Goals

1. Advance substance use prevention strategies through essential training and technical assistance services and resources.
2. Promote public health and public safety partnerships in substance use prevention.
3. Prepare the future public health and public safety workforces through student engagement in ADAPT operations and projects.

HIDTA Prevention

ADAPT supports the National High Intensity Drug Trafficking Area (HIDTA) Program by operationalizing the National HIDTA Prevention Strategy. ADAPT assists HIDTAs with implementing and evaluating substance use prevention strategies within their unique communities. ADAPT also keeps HIDTA communities up to date with advances in prevention science. A variety of trainings, technical webinars, and other resources to cultivate, nurture, and support hospitable systems for implementation are offered throughout the year.

Technical Assistance

Technical assistance is available to all HIDTA communities in the following domains:

- | | |
|--|-----------------------------|
| 1. Identification of the Best Available Evidence in Substance Use Prevention | 6. Sustainability |
| 2. Training | 7. Early Response |
| 3. Implementation | 8. Prevention Communication |
| 4. Evaluation | 9. Systems Development |
| 5. Finance/Budgeting | • Infrastructure |
| | • Assessment |

Learn More

Visit us at <https://www.hidta.org/adapt/> to learn about our technical assistance services, event and training announcements, resources, and more!

Contact Us

For more information, email us at **adapt@wb.hidta.org** or reach out to Lora Peppard at **lpeppard@wb.hidta.org**.

Connect with Us

For frequent updates from ADAPT, be sure to *follow* and *like* us on the platforms below. These platforms provide an opportunity to share resources and connect with each other.



Like our Facebook page today @

<https://www.facebook.com/ADAPT-100681361632663/>



Follow our LinkedIn Company page for the latest insights and updates @

<https://www.linkedin.com/company/adapt-a-division-for-advancing-prevention-treatment>



Follow us on Twitter @

https://twitter.com/ADAPT_CDPP



Subscribe to our YouTube channel for informative video content @

https://www.youtube.com/channel/UCbxhs3Kx69_OfAMw628PO7w/

To be notified of upcoming webinars, products, events,
and our quarterly newsletter, subscribe below:

SUBSCRIBE



ADAPT

A Division for Advancing
Prevention & Treatment

CULTIVATING PREVENTION

Presenter Bio



Dr. Brittany Cooper is Associate Professor of Human Development, Youth and Family Extension Specialist, and Graduate Faculty in the Prevention Science PhD program at Washington State University. Dr. Cooper's research, teaching, and outreach centers around the translation of prevention science for public health impact. For over a decade, she has collaborated with federal, state, and other community stakeholders to improve the field's understanding of how best to support evidence-based prevention programs in diverse community settings.



Striking the Right Balance between Fidelity & Adaptation

Tools & Strategies for Implementing Evidence-based Substance Use Prevention Programs to Meet Community Needs

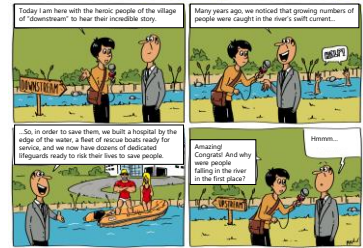
Brittany Cooper, PhD, Washington State University
brittany.cooper@wsu.edu

HIDTA-ADAPT Webinar
 July 14, 2022

Introductions

In the chat box:

- Name, location, organization
- Does this cartoon reflect your current work? If so, how?

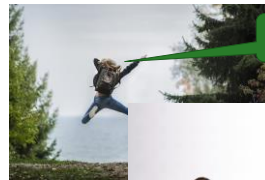


A common story in prevention...



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...



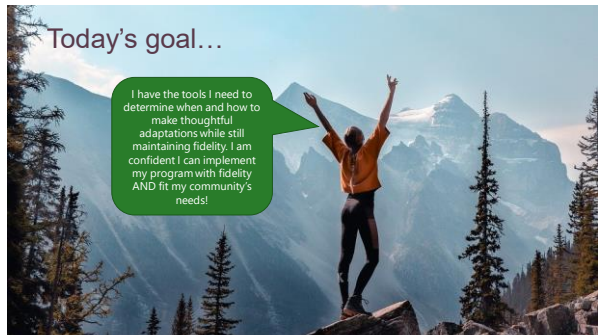
Yes! We did it! We got the grant to implement an evidence-based program (EBP).

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...

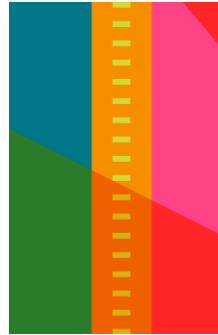


I have the tools I need to determine when and how to make thoughtful adaptations while still maintaining fidelity. I am confident I can implement my program with fidelity AND fit my community's needs!

Today's Objectives

By the end of this webinar, participants will:

1. Increase their understanding of research on evidence-based prevention program implementation, fidelity, and adaptation.
2. Learn five best practices for how to balance evidence-based prevention program fidelity and adaptation to achieve positive and sustained outcomes.
3. Determine how the tools and strategies presented can be used to enhance implementation of evidence-based prevention programs in their local communities.

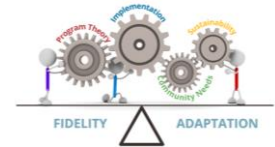


Today's Agenda

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



Part 1

Define core terms and review the research.

Core Terms

Implementation consists of multiple dimensions and is the process of integrating an evidence-based program (EBP) into a setting.



Fidelity is the extent to which the EBP was delivered as planned, representing the quality & integrity of the EBP as conceived by the developers.



Adaptation is the degree to which an EBP is changed to fit the setting or to improve fit to local conditions.



***Cultural adaptation** is the process of adapting interventions to specific cultural groups.

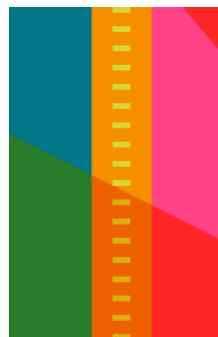
*We will not focus on cultural adaptation, specifically, though the tools and strategies presented will apply. I will also recommend a few resources and readings to learn more about cultural adaptation at the end of the presentation.

The Fidelity Argument

Best not to tinker with a proven-effective program.

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

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



The Adaptation Argument

In the real-world, adaptations happen!

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

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

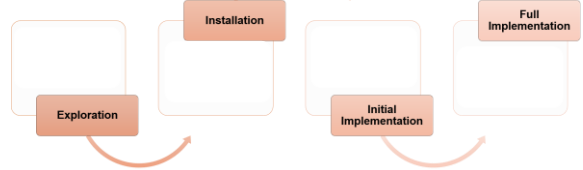
How do we find balance?

Four models/frameworks can help us answer this question.

1. Bertram et al. (2015): Implementation Stages & Drivers
2. Kemp (2016): The Recipe Analogy
3. Berkel et al. (2011): Integrated Model of Program Implementation
4. Kirk et al. (2020): Model for Adaptation Design & Impact (MADI)

Implementation Stages

Implementation drivers help ensure high fidelity and facilitate the success of sustained program implementation.



In the chat box: Where do decisions about fidelity and adaptation take place? Which stage(s)?

National Implementation Research Network (NIRN) Active Implementation Hub: <https://nirn.fpg.unc.edu/ai-hub>
 Bertram, R. M. et al. (2015). Improving programs and outcomes: Implementation frameworks and organization change. *Research on Social Work Practice*, 25(4), 477-487.

Implementation Drivers



For more information: <https://nirn.fpg.unc.edu/resources/handout-12-implementation-drivers>

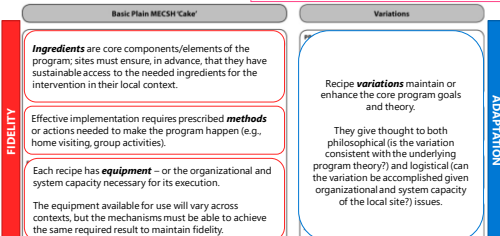
The Recipe Analogy



Kemp, L. (2016). Adaptation and fidelity: A recipe analogy for achieving both in population scale implementation. *Prevention Science*, 17(4), 429-438.

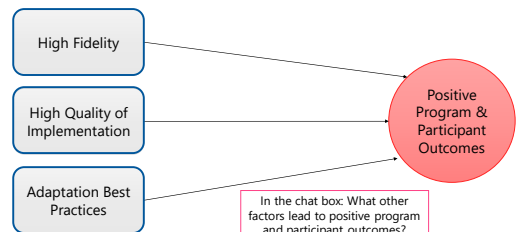
The Recipe Analogy

In the chat box: Think about a program you've implemented recently, what **ingredients** were required and what **variations** did you use?



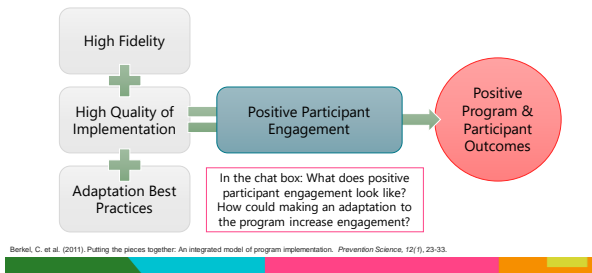
Kemp, L. (2016). Adaptation and fidelity: A recipe analogy for achieving both in population scale implementation. *Prevention Science*, 17(4), 429-438.

Integrated Model of Program Implementation



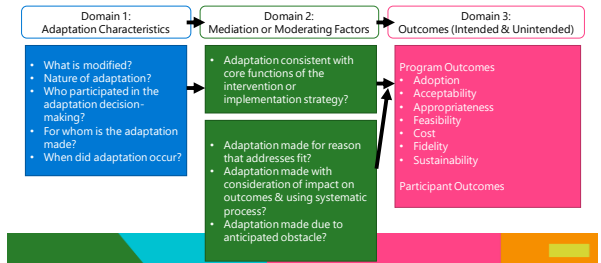
Berkel, C. et al. (2011). Putting the pieces together: An integrated model of program implementation. *Prevention Science*, 12(1), 23-33.

Integrated Model of Program Implementation

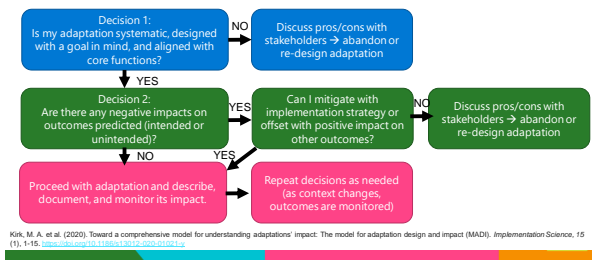


Kirk, M. A. et al. (2020). Toward a comprehensive model for understanding adaptations' impact: The model for adaptation design and impact (MADI). *Implementation Science*, 15(1), 1-15. <https://doi.org/10.1186/s13075-020-01971-z>

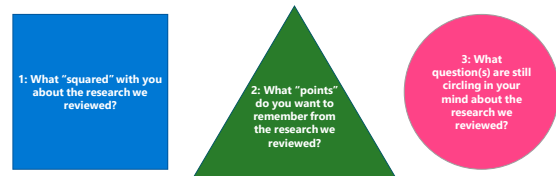
Model for Adaptation Design & Impact (MADI)



Decision Making Guide Using MADI



In the chat box ...



3 Key Points

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!



Part 2

Introduce research-based tools & strategies.

Best Practices 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>



5 Best Practices for EBP Implementation



Cooper, B.R., et al. (2019). Balancing fidelity & adaptation: A best practices guide for evidence-based program implementation. WSU Publications, <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 key program elements

- Ideally, you can get this info from the program developer/trainer
- Gather program materials
- Statement of 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 key 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>



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.

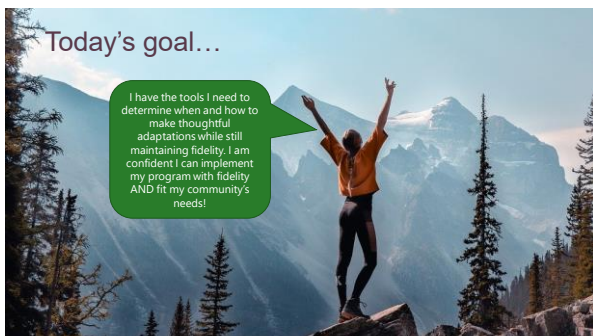
Implementation Science At A Glance: A Guide for Cancer Control Practitioners: https://cancercontrol.cancer.gov/sites/default/files/2019-09/ACS_Step0_Workbook.pdf



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/>



Part 3

Provide an example and discuss how to apply these research-based tools & strategies to strike the right balance.

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 10-14 (SFP 10-14) to reduce youth substance use.

SFP 10-14 was not developed or evaluated within the context of legalized cannabis use.



Application of the 5 Best Practices



Crooper, B.R., et al. (2019). Balancing fidelity & adaptation: A best practices guide for evidence-based program implementation. WSU Publications, <https://doi.org/10.1001/1001>



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 key program elements

- Ideally, you can get this info from the program developer/trainer
- Gather program materials
- Statement of 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://yvetoviolence.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>

The CDC's **SELECT, ADAPT, EVALUATE!** provides a worksheet for 'estimating essential elements' of violence prevention programs. <https://yvetoviolence.cdc.gov/sites/yvetoviolence.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

How

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

Who

- Characteristics of who should ideally deliver the program

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

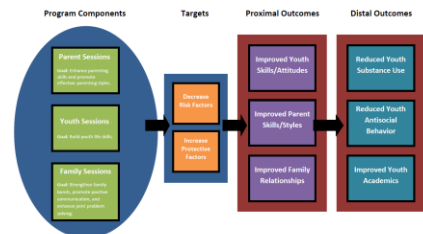
1. What are the recommended teaching methods?
2. How many sessions should be delivered, for how long, and over what period of time?
3. What setting will best support learning?

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?

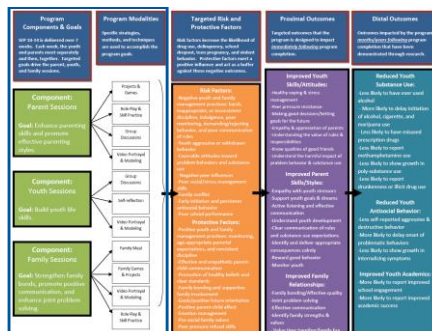
Strengthening Families Program: For Parents and Youth 10-14 (ISFP or SFP 10-14)

Program developed by Project Family of the Institute for Successful Behavioral Research at Washington State University by Virginia M. Gelles, PhD, & Robert Gelles, PhD

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



55. It has been shown that for every dollar spent on implementation of SFP 10-14, there is a return of up to \$8.00 and a cost benefit of \$5, 800 per youth. 56. Performance in Prevention: National Evaluation & Implementation Data available for Public Policy



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

- Focus groups with experienced facilitators and caregiver participants
- Literature review of ineffective programs



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 key 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>

In the chat box: Is this a green, yellow, or right light adaptation?

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

GREEN LIGHT CHANGES

- Usually minor
- Made to increase the reach, acceptability, and participation of the community
- May include:
 - Program venue
 - 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 content other than adding them
- May include:
 - Subsiding activities
 - Adding an extra
 - Changing session sequence
 - Adding or removing 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
 - Deleting the program timeline
 - Deleting the program design

Adaptation Idea #1

Additional session focused on cannabis for youth and caregivers



Kirk, M. A. et al. (2020). Toward a comprehensive model for understanding adaptations' impact: The model for adaptation design and impact (MADI). *Implementation Science*, 15 (1), 1-15. <https://doi.org/10.1186/s13012-020-01021-y>

In the chat box: Is this a green, yellow, or right light adaptation?

Adaptation Idea #2

Add 15 minutes of cannabis-specific content to each caregiver session

Add 15 meetings 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

GREEN LIGHT CHANGES

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

YELLOW LIGHT CHANGES

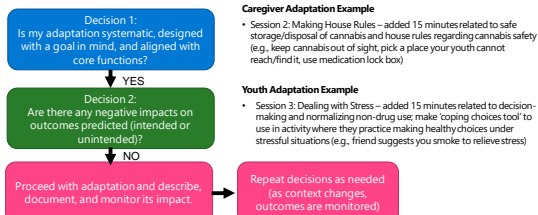
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RED LIGHT CHANGES

- Changes to core components of the intervention
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 - Changing a health behavior model or theory
 - Changing a health topic or behavior
 - Deleting core components
 - Deleting the program timeline
 - Deleting the program design

Adaptation Idea #2

Additional 15-minutes to each session for youth and caregivers



Kirk, M. A. et al. (2020). Toward a comprehensive model for understanding adaptations' impact: The model for adaptation design and impact (MADI). *Implementation Science*, 15 (1), 1-15. <https://doi.org/10.1186/s13012-020-01021-y>



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 & Discussion

What questions do you have about our adaptation experience?

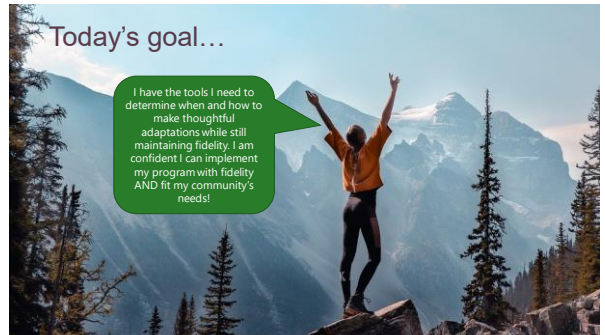
How do you envision using these research-based tools and strategies in your own work?

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 fit my community's needs!



Additional Resources

<https://pttcnetwork.org/>

Prevention Technology Transfer Center

Live Webinar: A Cultural Adaptation of Screening, Brief Intervention to Treatment for Working Hispanic and Latinx Communities (2-Part Series) on August 3 (2:30-4pm ET) and August 10 (2:30-4pm ET) <https://pttcnetwork.org/centers/northeast-hispanic-latino-pttc/event/cultural-adaptation-screening-brief-intervention-and-treatment-for-working-hispanic-latino-communities> <-- **REGISTER NOW!**

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-effectiveness-and-achieving-better-outcomes>

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-latino-populations>

Cultural Adaptation Readings

Colby, M., Hecht, M. L., Miller-Day, M., Krieger, J. L., Syvertsen, A. K., Graham, J. W., & Pettigrew, J. (2013). Adapting school-based substance use prevention curriculum through cultural grounding: A review and exemplar of adaptation processes for rural schools. *American Journal of Community Psychology*, 51(1), 190-205. <https://doi.org/10.1007/s10464-012-9524-8>

Okamoto, S. K., Kulis, S., Marsiglia, F. F., Holleran Steiker, L. K., & Dustman, P. (2014). A continuum of approaches toward developing culturally focused prevention interventions: From adaptation to grounding. *The Journal of Primary Prevention*, 35(2), 103-112. <https://doi.org/10.1007/s10935-013-0334-2>

Marsiglia, F. F., & Booth, J. M. (2015). Cultural adaptation of interventions in real practice settings. *Research on Social Work Practice*, 25(4), 423-432. <https://doi.org/10.1177/1049731514535889>

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Berkel, C., Mauricio, A. M., Schoenfelder, E., & Sandler, I. N. (2011). Putting the pieces together: An integrated model of program implementation. *Prevention Science*, 12(1), 23-33.

Bertram, R. M., Blase, K. A., & Fixsen, D. L. (2015). Improving programs and outcomes: Implementation frameworks and organization change. *Research on Social Work Practice*, 25(4), 477-487.

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>

Kemp, L. (2016). Adaptation and fidelity: A recipe analogy for achieving both in population scale implementation. *Prevention Science*, 17(4), 429-438.

Kirk, M. A. et al. (2020). Toward a comprehensive model for understanding adaptations' impact: The model for adaptation design and impact (MADI). *Implementation Science*, 15 (1), 1-15. <https://doi.org/10.1186/s13012-020-01021-y>



Thank You!

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Resources Recommended by the Presenter

Resource
<p>Cooper, B.R., Parker, L. A., & Diaz Martinez, A. (2019). Balancing fidelity & adaptation: A best practices guide for evidence-based program implementation. WSU Publications.</p> <ul style="list-style-type: none"> • https://hdl.handle.net/2376/16873
<p>CDC's SELECT, ADAPT, EVALUATE! offers tools for tracking and evaluating adaptations.</p> <ul style="list-style-type: none"> • https://vetoviolence.cdc.gov/apps/adaptation-guidance/
<p>The National Implementation Research Network'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.</p> <ul style="list-style-type: none"> • https://nirn.fpg.unc.edu/resources/hexagon-exploration-tool
<p>SAMHSA's Selecting Best-fit Programs and Practices guides prevention practitioners through the process of identifying and selecting best-fit programs to reduce the need for later adaptation.</p> <ul style="list-style-type: none"> • https://www.samhsa.gov/resource/ebp/selecting-best-fit-programs-practices-guidance-substance-misuse-prevention
<p>SAMHSA's Strategic Prevention Framework provides a comprehensive approach to understanding and addressing substance misuse and related behavioral health problems in communities.</p> <ul style="list-style-type: none"> • https://www.samhsa.gov/sites/default/files/20190620-samhsa-strategic-prevention-framework-guide.pdf

Additional Web Resources

Resource
<p>The Program Sustainability Assessment Tool helps to rate the sustainability capacity of your program to help plan for its future.</p> <ul style="list-style-type: none"> • https://sustaintool.org/psat/