ADAPT
A Division for Advancing Prevention & Treatment
CULTIVATING PREVENTION

Blueprints
FOR HEALTHY YOUTH DEVELOPMENT

Using Evidence-Based Registries to Identify Substance Use Prevention Interventions

Promising

Model

Model Plus

Dr. Pamela Buckley

Principal Investigator, Blueprints for Healthy Youth Development
Senior Research Associate, Institute of Behavioral Science
University of Colorado Boulder

Resource Supplement

January 19, 2023

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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
2. Training
3. Implementation
4. Evaluation
5. Finance/Budgeting
6. Sustainability
7. Early Response
8. Prevention Communication
9. Systems Development
   - 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:

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PREVENTION INTERVENTION RESOURCE CENTER

Access e-learning courses, evidence-based program registries, & other resources to support you in advancing evidence-based prevention programming in your community.

https://www.hidta.org/adapt/prevention-intervention-resource-center/

COME LEARN WITH US!

Announcing the

HIDTA PREVENTION

LEARNING MANAGEMENT SYSTEM

adaptlms.hidta.org

GET STARTED!

Substance Use Prevention Fundamentals Course

- Designed to help you understand the field of substance use prevention.
- Defines key prevention concepts and connects HIDTA's mission with the goals of substance use prevention.
- Introduces critical targets for prevention, explores the ways prevention exists in multiple contexts, and shares what works (and what doesn't) in substance use prevention.

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CULTIVATING PREVENTION

PRESENTER BIO

Pamela Buckley, PhD

Dr. Pamela Buckley is a senior research associate in the Institute of Behavioral Science at the University of Colorado Boulder. She is also Principal Investigator of Blueprints for Healthy Youth Development, a globally recognized registry of experimentally proven interventions promoting rigorous scientific standards for certification that serves as a resource for governmental agencies, foundations, community organizations, and practitioners seeking to make informed decisions about their investments in preventive interventions.

Dr. Buckley's expertise is in testing social programs designed to prevent antisocial behavior and promote a healthy course of youth development. She has extensive knowledge of the prevention science literature and expertise in the design and implementation of evaluation research projects.

A former school psychologist, she also has considerable experience consulting in classrooms with teachers, students, families, and communities.

PRESENTATION SLIDES

19 January 2023
Boulder, Colorado / Zoom
HIDTA–ADAPT

Using Evidence-Based Registries to Identify Substance Use Prevention Interventions

Pamela.Buckley@Colorado.edu

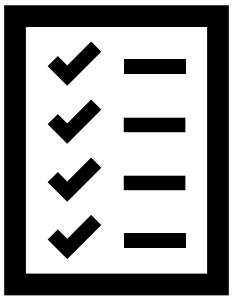
Pamela R. Buckley, PhD
Principal Investigator, ***Blueprints for Healthy Youth Development***
Senior Research Associate, Institute of Behavioral Science
University of Colorado Boulder

1

- Introduction to evidence-based registries (i.e., online clearinghouses).
- Overview of Evidence-Based Interventions (EBIs).
- Evidence continuum – "What Works".
- Available online registries of effective interventions – focus on *Blueprints for Healthy Youth Development*.
- Best practices for adapting EBIs to fit local needs.

2

Discuss	the rationale for, and function of, online registries of effective prevention interventions.
Describe	how the Blueprints online registry determines effectiveness based on the best available research evidence.
Demonstrate	how to locate certified and non-certified interventions.
Identify	interventions that fit the needs of your community.
Review	key considerations to support implementation of certified interventions. Such as….



Costs

Implementation guidance

Balancing adaptation with fidelity

3

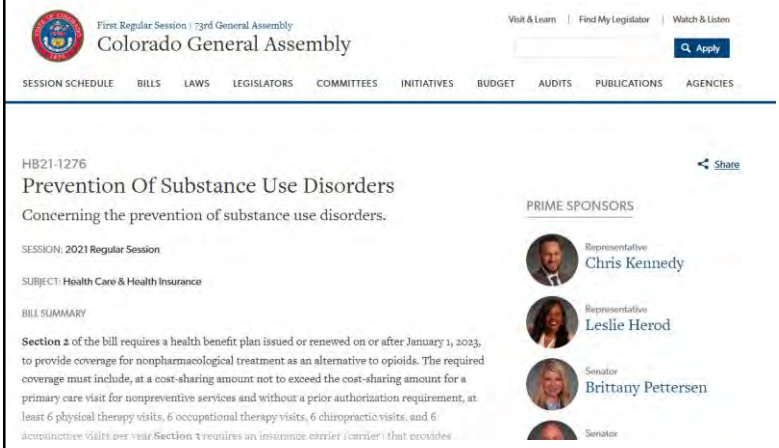
Community Members' Perspective

How can we effectively address youth drug use, violence and related outcomes?

How do we help our children thrive?

4

A Policymaker/Agency Perspective



How can we know that we are funding and implementing the most effective programs for our communities?

How do we not waste taxpayer dollars?

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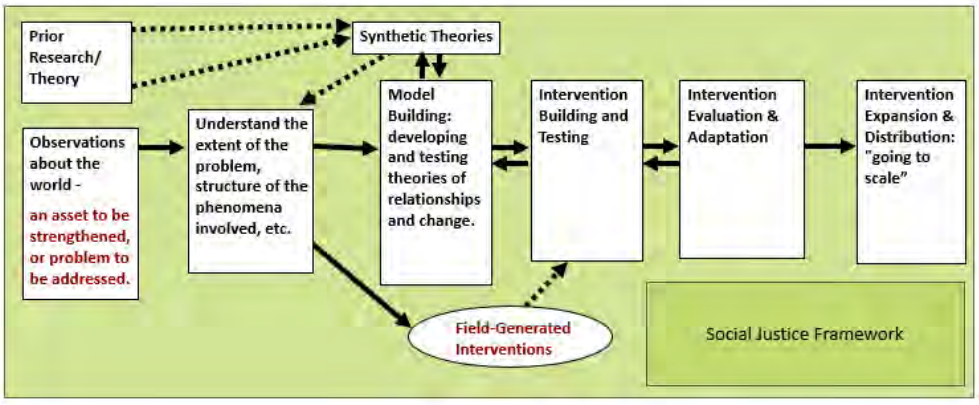
A Researcher's Perspective



How can we ensure that our intervention is producing the most positive impact for each community who elects to adopt it?

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Clearinghouse

- "Assess applied research and evaluation studies of programs/interventions according to evidentiary (evidence-based) standards"(Means et al., 2015, p. 101) to identify effective interventions.
- Focus on the results from high-quality research to answer the question "What works"?
- Generate an inventory of "Evidence-Based Interventions" (EBIs).

What is an EBI?

Means, S., Magura, S., Burkhart, B. R., Schroter, D. C., & Coryn, C. L. S. (2015). Comparing rating paradigms for evidence-based program registers in behavioral health: Evidentiary criteria and implications for assessing programs. *Evaluation and Program Planning, 48*, 100-116.

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Evidence-Based Interventions (EBIs)

Interventions that have been:

- Rigorously tested,
- Proven effective,
- Translated into models available to community-based organizations.

Evaluations subjected to critical peer review.

Experts in the field – not just the people who developed and evaluated the program – have examined the evaluation's methods and agreed with its conclusions about the intervention's effects.

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Advantages of EBIs

1. More likely to positively impact the health of participants.
2. Funders increasingly expect programming be based on solid evidence.
3. Directors want to concentrate limited resources on proven interventions.
4. Managers can concentrate efforts on delivery rather than development, allowing more time to reach a larger population and have a great impact.
5. Demonstrated outcomes facilitate community buy-in and the formation of partnerships.

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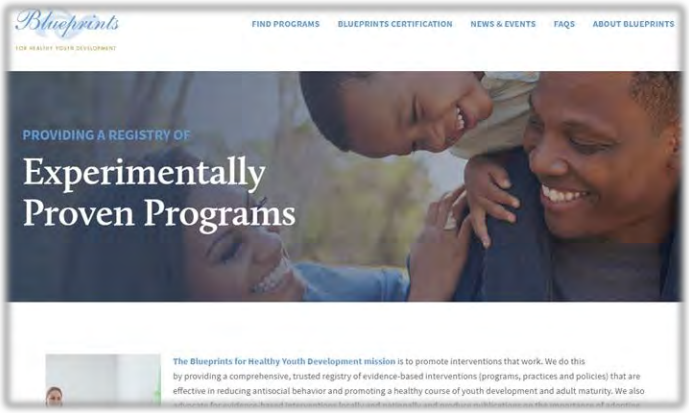
Blueprints!



A web-based registry of *experimentally proven programs* (EPPs) promoting the most rigorous scientific standard and review process for certification.

www.blueprintsprograms.org

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Blueprints: Overview

At Blueprints, we identify and review studies and reports that test effects of an intervention on positive youth development

Changes caused by an intervention

The activity, program, policy, or practice intended to produce effects

We then summarize our conclusions for policymakers, practitioners, and others who seek to make **evidence-based** decisions

What makes a program, practice, or policy "evidence-based"?

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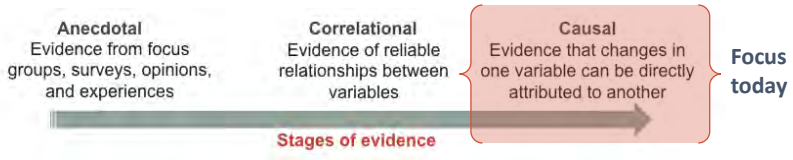
Types of Evidence



National Center for Injury Prevention and Control, Division of Violence Prevention, Centers for Disease Control.

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Making Causal Inferences

- Randomized controlled trials (RCTs)
- Quasi-experimental designs (QEDs)

What is the difference?

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Evaluation Designs

Two main evaluation designs

1.1) Randomized Controlled Trials (RCTs)

- Group assignment to treatment versus control is **random**

1.2) Quasi-Experimental Designs (QEDs)

- Group assignment to treatment versus control is **not random**

> •There are also non-group designs (within-group pre/post comparison)
> •Not reviewed by Blueprints, but important for building an evidence base

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1.1) Randomized Controlled Trials

A random process is used to assign units to groups

- Coin toss, random number generator

Units can include:

- Individuals (students, teachers)
- Clusters of individuals (classrooms, schools)

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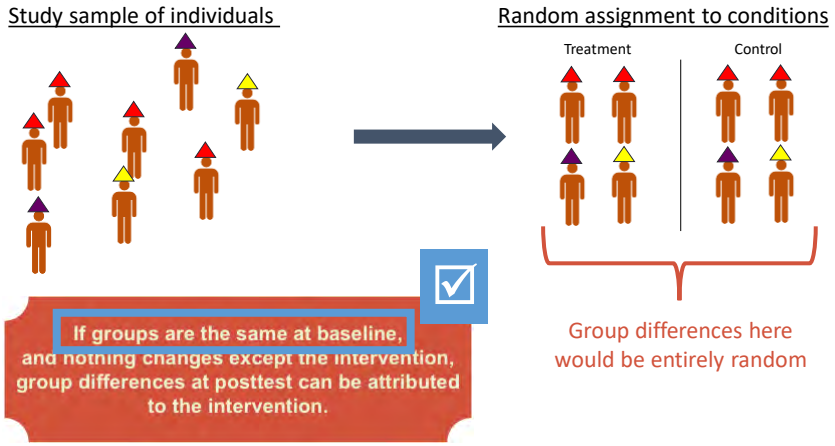
Randomization Creates Similar Groups

- If units in a study sample are randomly assigned, randomization should create similar groups



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1.2) Quasi-Experimental Designs

Assignment to treatment versus control is **not** random

Researcher controls the assignment using some criterion other than random assignment (volunteering for a treatment, eligibility for a voucher, etc.)

Concerns regarding internal validity

- Treatment and control groups may not be comparable at baseline

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Prevention Science
https://doi.org/10.1007/s11121-021-01263-2

Common Methodological Problems in Randomized Controlled Trials of Preventive Interventions

Christine M. Steeger[1] · Pamela R. Buckley[1] · Fred C. Pampel[1] · Charleen J. Gust[1] · Karl G. Hill[1]

Accepted: 9 June 2021

Abstract
Randomized controlled trials (RCTs) are often considered the gold standard in evaluating whether intervention results are in line with causal claims of beneficial effects. However, given that poor design and incorrect analysis may lead to biased outcomes, simply employing an RCT is not enough to say an intervention "works." This paper applies a subset of the Society for Prevention Research (SPR) Standards of Evidence for Efficacy, Effectiveness, and Scale-up Research, with a focus on internal validity (making causal inferences) to determine the degree to which RCTs of preventive interventions are well-designed and analyzed, and whether authors provide a clear description of the methods used to report their study findings. We conducted a descriptive analysis of 851 RCTs published from 2010 to 2020 and reviewed by the *Blueprints for Healthy Youth Development* web-based registry of scientifically proven and scalable interventions. We used Blueprints' evaluation criteria that correspond to a subset of SPR's standards of evidence. Only 22% of the sample satisfied important criteria for minimizing biases that threaten internal validity. Overall, we identified an average of 1–2 methodological weaknesses per RCT. The most frequent sources of bias were problems related to *baseline non-equivalence* (i.e., differences between conditions at randomization) or *differential attrition* (i.e., differences between completers versus attritors or differences between study conditions that may compromise the randomization). Additionally, over half the sample (51%) had missing or incomplete tests to rule out these potential sources of bias. Most preventive intervention RCTs need improvement in rigor to permit causal inference claims that an intervention is effective. Researchers also must improve reporting of methods and results to fully assess methodological quality. These advancements will increase the usefulness of preventive interventions by ensuring the credibility and usability of RCT findings.

Citation:

Steeger, C. M. [†], Buckley, P. R. [†], Pampel, F. C., Gust, C., & Hill, K. G. (2021). Common methodological problems in randomized controlled trials of preventive interventions. *Prevention Science, 22*(8), 1159-1172. PMID: 34176002. *[†]These authors contributed equally to this work*

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Steeger, Buckley et al. (2021)

- N = 851 RCTs examined (2010-2020).
- 22% adequately reported methods and had no methodological problems.
- A design or analysis problem was identified in 55% of RCTs.
- Methods/analysis information was missing in 51% of RCTs.
- No significant changes over time (i.e., no improvement).

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What are the most common “fatal flaws” in experimental studies (i.e., RCTs)?

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Baseline Equivalence

Your special training → Fabulous Performance!

(No special training) → Disorganized, undisciplined performance

Without baseline equivalence, you can’t say that it was your intervention that made the difference.

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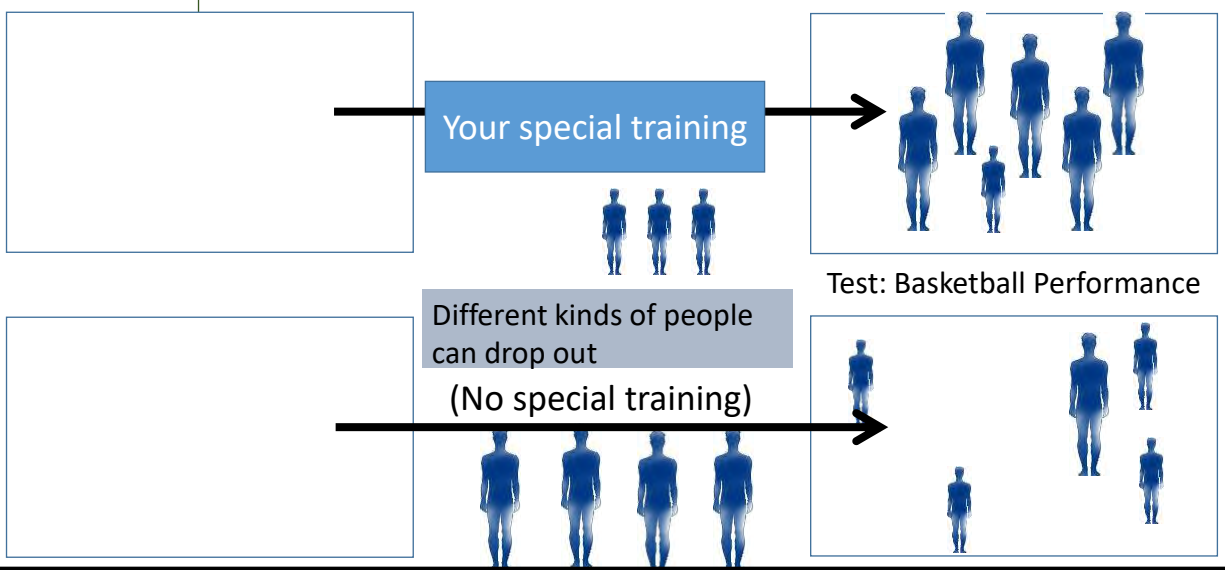
Differential Drop-Out from the Study



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Take-Aways

1. Scrutinize studies, even RCTs.
2. Without scrutiny, authors could be reporting biased outcomes.
3. Studies with strong design and analysis quality, and with a clear description of the methods used to evaluate them, permit causal inferences.
4. Improvements will increase the usefulness of EBIs by ensuring the credibility and usability of findings.

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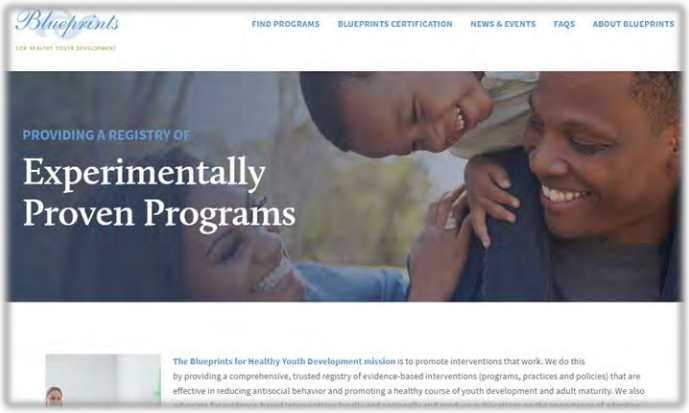
What is *Blueprints for Healthy Youth Development*?



Goal:

To provide communities with a trusted guide to interventions that work.

(Like a "Consumer Reports" for prevention)

www.BlueprintsPrograms.org

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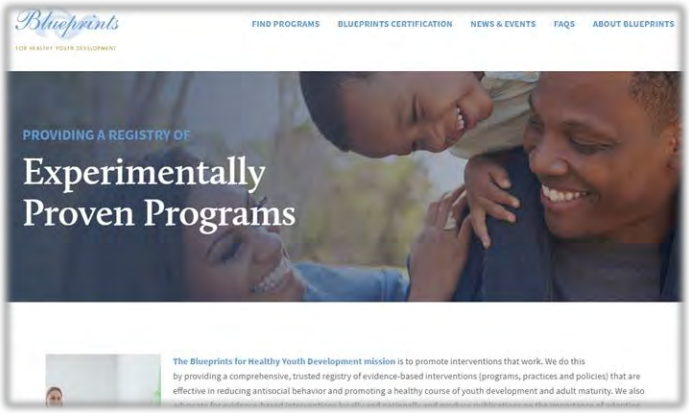
What is *Blueprints for Healthy Youth Development*?



Goal:

To provide researchers, communities and policymakers/agencies with a trusted guide to interventions that work.

CR Consumer Reports

www.BlueprintsPrograms.org

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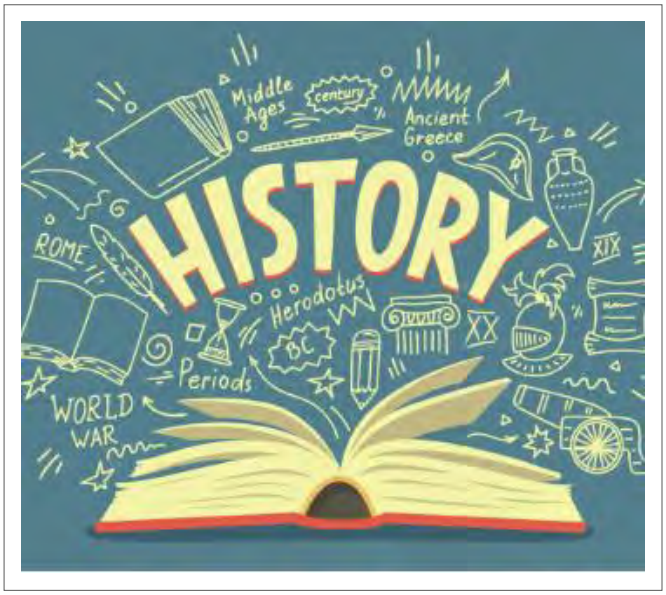
- Started in 1996 by renowned sociologist Dr. Delbert S. Elliott.
- First to establish a clear scientific standard for evaluating the evidence of an intervention's effectiveness.
- Focus initially interventions that were effective in addressing violence and drug use outcomes.
- Expanded scope to include mental and physical health, self-regulation, educational achievement and other positive developmental outcomes.
- Timeline: https://www.blueprintsprograms.org/history/



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Federal evidence clearinghouses

Clearinghouse	Federal Department	Department Division	Relevant Legislation and Program Grants
CLEAR	Labor	Chief Evaluation Office	Reemployment Services and Eligibility Assessment
CrimeSolutions	Justice	Office of Justice Programs	Juvenile Justice Reform Act of 2018
HomVEE	Health and Human Services	Administration for Children and Families	Maternal, Infant, & Early Childhood Home Visiting
P2W	Health and Human Services	Administration for Children and Families	Temporary Assistance for Needy Families
PSC	Health and Human Services	Administration for Children and Families	Family First Prevention Services Act
SPT	Justice	National Gang Center	OJJDP Gang Violence Prevention Programs
WWC	Education	Institute of Education Sciences	Every Student Succeeds Act

Notes: CLEAR: Clearinghouse for Labor and Evaluation Research. ESER: Employment Strategies Evidence Review. HomVEE: Home Visiting Evidence of Effectiveness. OJJDP: Office of Juvenile Justice and Delinquency Prevention. P2W: Pathways to Work Evidence Clearinghouse. PSC: Prevention Services Clearinghouse. SFER: Strengthening Families Evidence Review. SPT: Strategic Planning Tool. TPP: Teen Pregnancy Prevention Evidence Review. WWC: What Works Clearinghouse.

Users can have more confidence in interventions rated highly across multiple databases. Even though the number of such programs may be small, investments made in such interventions should pay off in improved outcomes.

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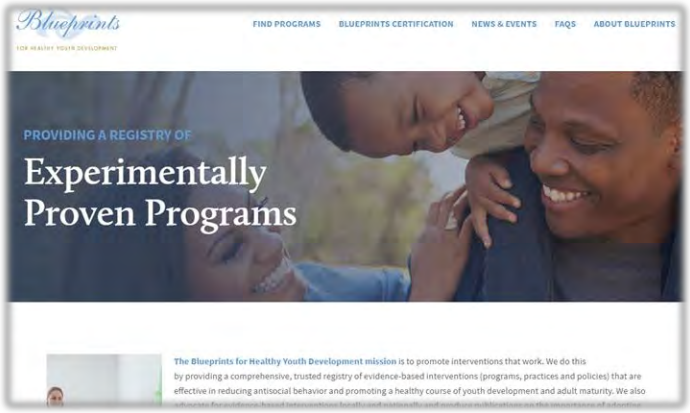
What is Blueprints for Healthy Youth Development?



Please respond to the poll:

Have you used Blueprints in your work?

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Each Certified Intervention has a Fact Sheet including

- Name and Description
- Developmental/Behavioral Outcomes
- Risk/Protective Factors Targeted
- Risk/Protective Factors Impacted
- Contact Information/Program Support
- Target Population
- Program Rating and Effect Size
- Operating Domain: Individual, Family, School, Community
- Logic/Theory Model
- Program Costs: Unit Costs, Start-Up, Implementation, Fidelity Monitoring, Budget Tool
- Cost Benefit/Return On Investment (When Available): Net Unit Cost-Benefit, Benefits
- Funding Overview, Financing Strategies
- Program Materials
- References

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Role of Blueprints in this process

Recommended to communities to go to scale

Very Strong Research Evidence
Sustained effect
Ready to go to scale

Strong Research Evidence
Sustained effect
Ready to go to scale

Moderate Research Evidence
Suggested for further testing

1577 Reviewed
100 Certified
6 Model Plus Programs
12 Model Programs
82 Promising Programs

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Role of Blueprints in this process

- **Is the evidence strong?**
- **Did the intervention have a big impact?**
- **Is the intervention ready for distribution?**

1577 Reviewed
100 Certified
6 Model Plus Programs
12 Model Programs
82 Promising Programs

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Blueprints Certification Pro

A report says a program works → Report undergoes internal review by Blueprints experts → Report sent for external review by Blueprints Advisory Board Members

Program Name:

Author(s):

Primary Criteria

Yes ? No

☐ ☐ ☐ *1. High-Quality Design:*
☐ ☐ ☐ *2. Sample Ns Tracked:*
☐ ☐ ☐ *3. Measures Independent:*
☐ ☐ ☐ *4. Measures Valid/Reliable:*
☐ ☐ ☐ *5. Behavioral Outcome Measure:*
☐ ☐ ☐ *6. Intent-to-Treat:*
☐ ☐ ☐ *7. Proper Level:*
☐ ☐ ☐ *8. Baseline Outcome Controls:*
☐ ☐ ☐ *9. Baseline Equivalence:*
☐ ☐ ☐ *10. Differential Attrition Minimal:*
☐ ☐ ☐ *11. Tested Baseline-by-Condition Attrition:*
☐ ☐ ☐ *12. Posttest Effect on Behavioral Outcome:*
☐ ☐ ☐ *13. Iatrogenic Free:*

Model Criteria

☐ ☐ ☐ *14. Long-Term Effect on Behavioral Outcome:*

Secondary Criteria

☐ ☐ ☐ *15. Effects on R&P Factors:*
☐ ☐ ☐ *16. Sample General:*
☐ ☐ ☐ *17. Fidelity of Implementation:*
☐ ☐ ☐ *18. Effect Sizes:*
☐ ☐ ☐ *19. Mediation Analysis:*

Summary

☐ ☐ ☐ *20. Recommended for BP Board:*
☐ ☐ ☐ *21. For Board Review Only, Is There a Trial Registration:*

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Blueprints Advisory Board

Expertise in research design and methodology from a variety of disciplines


Elizabeth Stuart, PhD


Elizabeth Tipton, PhD


Abby Fagan, PhD


Frances Gardner, DPhil


Velma McBride Murry, PhD


Larry V. Hedges, PhD


Karl G. Hill, PhD


Patrick Tolan, PhD


Pamela Buckley, PhD
Principal Investigator

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Blueprints Certification Process

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Blueprints Classification Framework Criteria

The chart below shows the minimum criteria for each effectiveness category within the Blueprints ratings. It reflects the predominant effect of quality evaluations when multiple trials are available.

	Design	Significant Effect	Sustained Effect	Replication	Research Design Issues
Model Plus	2 Randomized Controlled Trials (RCT), or 1 RCT and 1 Quasi-Experimental Design (QED)	Blueprint behavioral outcome $p < .05$	Yes	Independent replication in 1 study	Satisfies all
Model	1 RCT and 1 Replication (RCT or QED)	Blueprint behavioral outcome $p < .05$	Yes	1 RCT or 1 QED	Satisfies all
Promising	1 RCT, or 2 QEDs	Blueprint behavioral outcome $p < .05$	No	No	Satisfies all
Inconclusive Evidence	RCTs or QEDs	contradictory or weak findings; evidence can't be fully supported by design; only 1 quality QED	No	No	Some methodological problems
Insufficient Evidence	Major design flaw No control group	Design too weak to support findings; or no evaluation or control group	No	No	Flawed design

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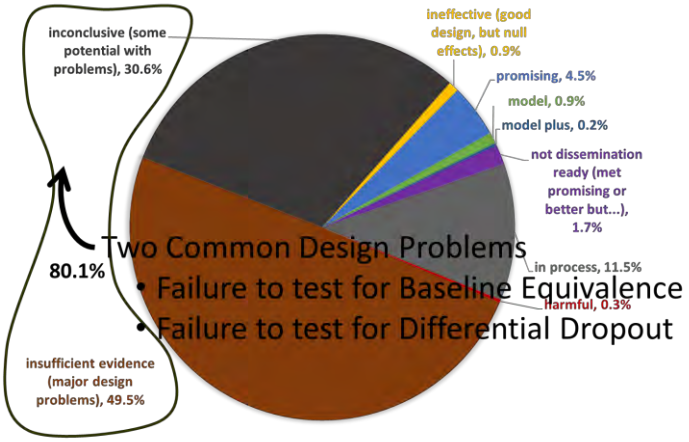
N=1577
Interventions
Reviewed
to date



As a Result:
We won't certify them on Blueprints

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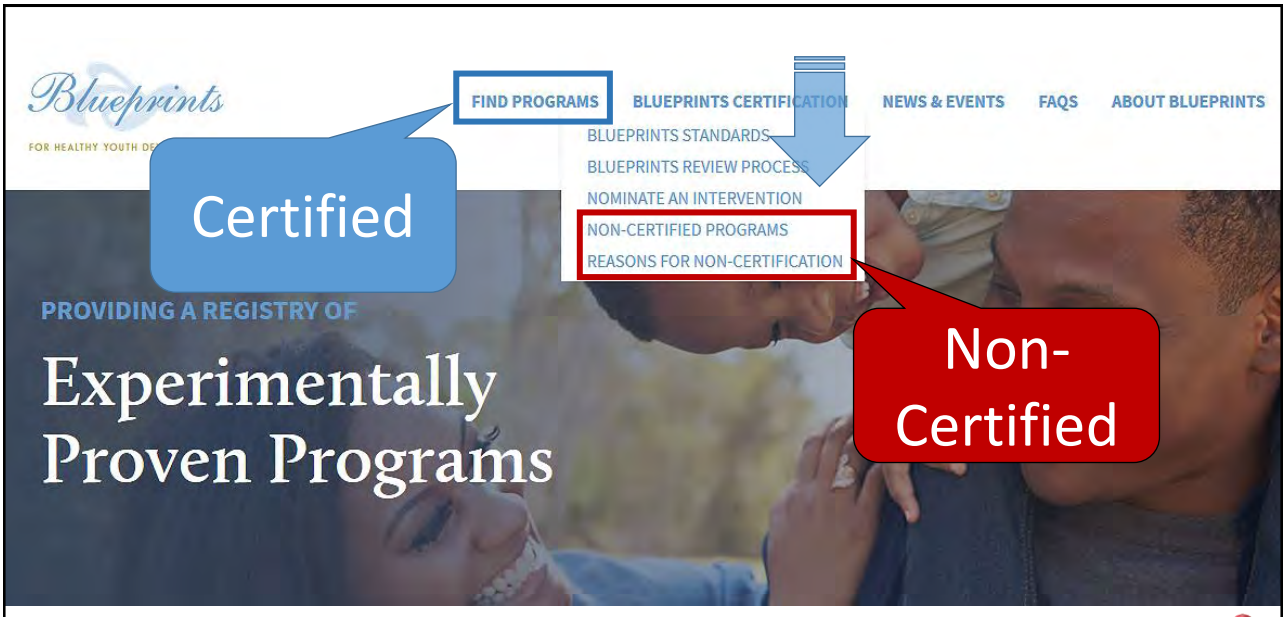

HOWEVER: Certified and Not-Certified Interventions are presented in different parts of our website and not on the same list!

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Find Programs

- Go to: https://www.blueprintsprograms.org/program-search/
- Interactive search enables you to identify Blueprints-certified interventions based on specific criteria and then browse through a wide range of interventions that match those criteria.
- Online webinar to navigate the registry: https://www.blueprintsprograms.org/blueprints-webinar/

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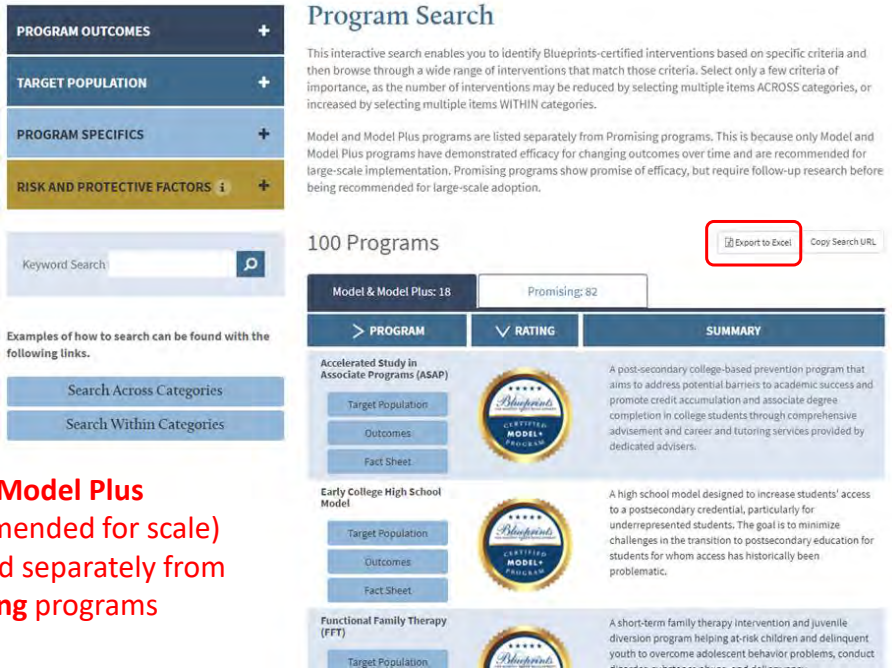

Model/Model Plus (recommended for scale) are listed separately from **Promising** programs

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Evaluations of interventions for youth designed to:

(1) prevent or reduce negative behavioral health outcomes (e.g., mental health problems, substance use, delinquency/crime, and other health-related behaviors); or

(2) promote positive development (e.g., academic achievement and prosocial behavioral outcomes).

Blueprints FOR HEALTHY YOUTH DEVELOPMENT

The focus on youth limits interventions to those targeting ages 0-24 years, which include post-secondary education and early employment experiences.

The one exception comes from interventions designed to reduce recidivism that follow typically young offenders to older ages.

Our aim is on prevention (including universal, selective, and indicated preventive interventions), so database does not include interventions with a sole focus on evaluating treatment for clinical-level mental health problems, including medical or pharmacological interventions.

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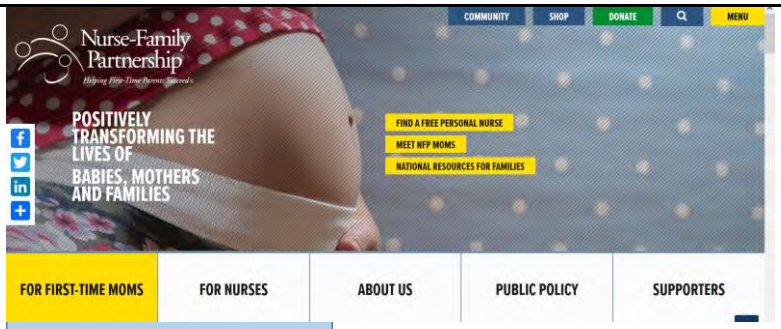

- Nurse-Family Partnership
- Prenatal through age 2yrs
- Selective
- Parent training for first-time, low-income Moms

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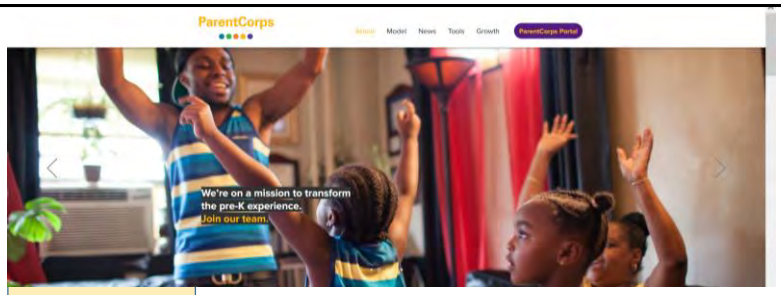

- ParentCorps
- Preschool
- Universal
- Parent training

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- Botvin's Life Skills Training
- Middle School
- Universal
- Teacher/Child training

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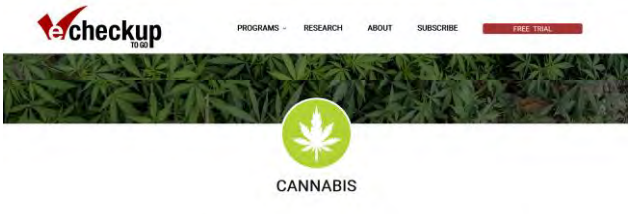

- Cannabis eCheckup to go
- Early Adult
- Universal

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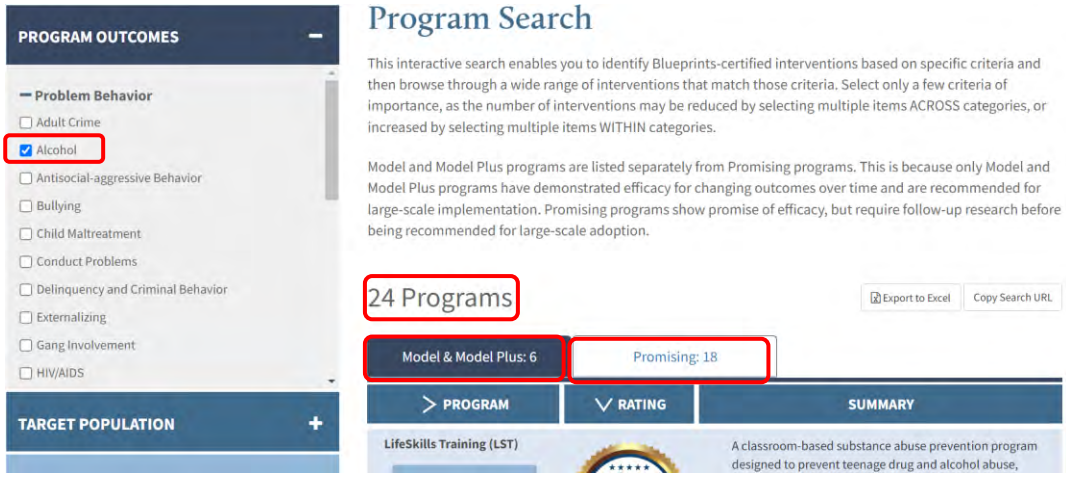
The Blueprints registry lists 24 certified prevention programs that have shown positive reductions in alcohol.



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Program Name	Rating	Setting
LifeSkills Training (LST)	Model Plus	School
Blues Program	Model	School
Brief Alcohol Screening and Intervention for College Students (BASICS)	Model	School
Multisystemic Therapy – Problem Sexual Behavior (MST-PSB)	Model	Mental Health/Treatment Center
Positive Action	Model	School
Project Towards No Drug Abuse	Model	School
Athletes Training and Learning to Avoid Steroids (ATLAS)	Promising	School
Big Brothers Big Sisters of America	Promising	Community
Communities That Care	Promising	Community
Coping Power	Promising	School
EFFEKT	Promising	Community
Familias Unidas	Promising	Community
Guiding Good Choices	Promising	Community
InShape Prevention Plus Wellness	Promising	School
KEEP SAFE	Promising	Social Services
Learning Together	Promising	School
Positive Family Support	Promising	School
Project Northland	Promising	School
PROSPER	Promising	Community
Raising Healthy Children	Promising	School
SPORT Prevention Plus Wellness	Promising	School
Strengthening Families 10-14	Promising	Community
Strong African American Families – Teen	Promising	Community
Strong African American Families Program	Promising	Community

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Best Practices: EBI Adaptation

For whom do the interventions developed in our field work or not work?

49

Many interventions on these registries were developed and tested in one population...

…but now we would like to implement them in other populations.

- Should we assume that the intervention will not work without adaptation?
- Or should it be implemented <u>exactly as designed</u> in the new community with high fidelity?

50

Many interventions on these registries were developed and tested in one population…

…but now we would like to implement them in other populations.

Can interventions be transported cross-culturally?

51

Blueprints FOR HEALTHY YOUTH DEVELOPMENT

Transportability of interventions across cultures

- One view is that preventive interventions are effective in new cultural contexts
  - only if there is an extensive multi-stage adaptation process (Castro, et al.)
  - if there is limited "cultural distance" between the populations (Sussman, et al.)
- However, meta-analyses of cross-country transportability do not necessarily support this.

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Transportability of interventions across cultures

Journal of Clinical Child & Adolescent Psychology, 45(6), 749–762, 2016
Published with License by Taylor & Francis Group, LLC
ISSN: 1537-4416 print/1537-4424 online
DOI: 10.1080/15374416.2015.1015134

Frances Gardner

Transporting Evidence-Based Parenting Programs for Child Problem Behavior (Age 3–10) Between Countries: Systematic Review and Meta-Analysis

Frances Gardner, Paul Montgomery, and Wendy Knerr
Centre for Evidence-Based Intervention, Department of Social Policy and Intervention, University of Oxford

Examined 17 studies that transported four parenting interventions.

Three were originally designed and tested in the United States

- Incredible Years
- Parent–Child Interaction Therapy [PCIT]
- Parent Management Training Oregon [PMTO]

and one in Australia

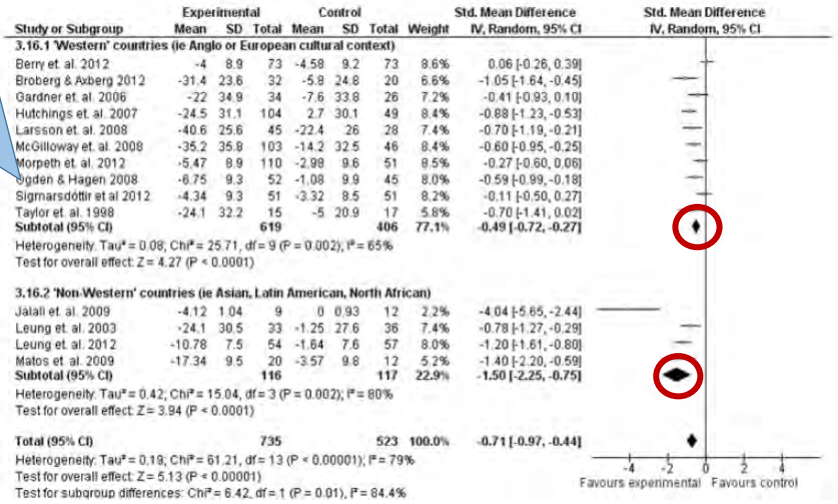
- Triple P

Gardner F, Montgomery P, Knerr W. (2016). Transporting evidence-based parenting programs for child problem behavior (age 3- 10) between countries: Systematic review and meta-analysis. *Journal of Clinical Child & Adolescent Psychology, 45*, 749-762.

53

Transportability of interventions across cultures

Canada, Iceland, Iran, Ireland, Sweden, Holland, Puerto Rico, Norway, Hong Kong, the United Kingdom



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Transportability of interventions across cultures

values than those ranked more individualistic. There were no differences in effects by country-level policy or resource factors. Contrary to common belief, parenting interventions appear to be at least as effective when transported to countries that are more different culturally, and in service provision, than those in which they were developed. Extensive adaptation did not appear necessary for successful transportation.

Intervention, University of Oxford

Gardner, et al. (2016)

55

emic & etic approaches in research

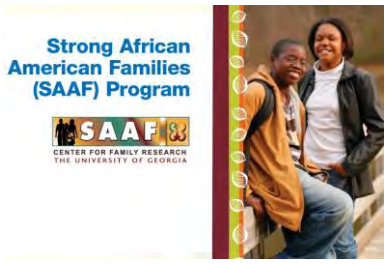
Kenneth Pike (1967) – Linguistics → cultural anthropology
x-cultural social sciences

- emic - behavior has to be understood in the context of the culture in which it occurs
- etic - cultural differences in a behavior can be considered as variations on a common theme

Pike, K. L. (1967). Etic and emic standpoints for the description of behavior. In K. L. Pike, Language in relation to a unified theory of the structure of human behavior (p. 37–72). Mouton & Co.. https://doi.org/10.1037/14786-002

56

emic examples

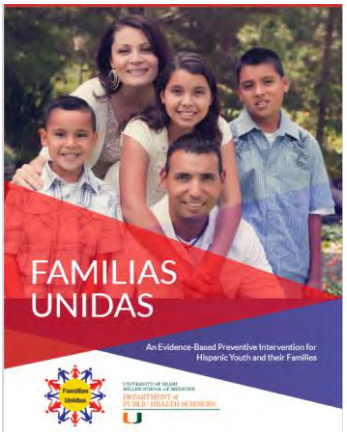


Gene Brody

Velma McBride Murry

For African American families living in rural communities designed to strengthen relationships and help adolescents develop positive behaviors and respond effectively to the risks of substance use, delinquency, and sexual involvement.

Willy Prado



A family-based intervention designed to empower Hispanic Immigrant parents to build a strong parent-support network and help their adolescent children respond effectively to the risks of substance use and unsafe sexual behavior.

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etic example

Monica Oxford

Promoting First Relationships was validated on a sample of families with an open child welfare case; 77% of parents were white.

For workers in home-visiting and early care and education settings designed to promote healthy relationships between caregivers and young children from birth to age three.

Oxford, M. L., Spieker, S. J., Lohr, M. J., & Fleming, C. B. (2016). Promoting First Relationships®: Randomized Trial of a 10-Week Home Visiting Program With Families Referred to Child Protective Services. *Child Maltreatment, 21*(4), 267-277.

58

etic example

This intervention was THEN tested with American Indian families living on a rural reservation.

Authors adapted the program to increase cultural relevance based on focus groups with tribal community members and hired members of the tribal community to assist with implementation.

Adaptations included:

1. a unique name for the program
2. a study logo by a Native artist
3. longer home visits to include more time for conversation
4. a small gift for the child at research visits
5. a handout about caregiver-child transitions and separations

An experimental pilot study found improved child-caregiver outcomes for families in the treatment group compared to control families.

Booth-LaForce, C., Oxford, M. L., Barbosa-Leiker, C., Burduli, E., & Buchwald, D. S. (2020). Randomized Controlled Trial of the Promoting First Relationships® Preventive Intervention for Primary Caregivers and Toddlers in an American Indian Community. *Prevention Science, 21*(1), 98-108.

59

For whom do the interventions developed in our field work or not work?

At this point, both emic and etic strategies are needed.

60

Thoughtful and deliberate alteration to the delivery of an intervention to improve its fit in a given context (i.e., adaption) can lead to improved engagement, acceptability, and outcomes.

https://cancercontrol.cancer.gov/is/tools/practice-tools

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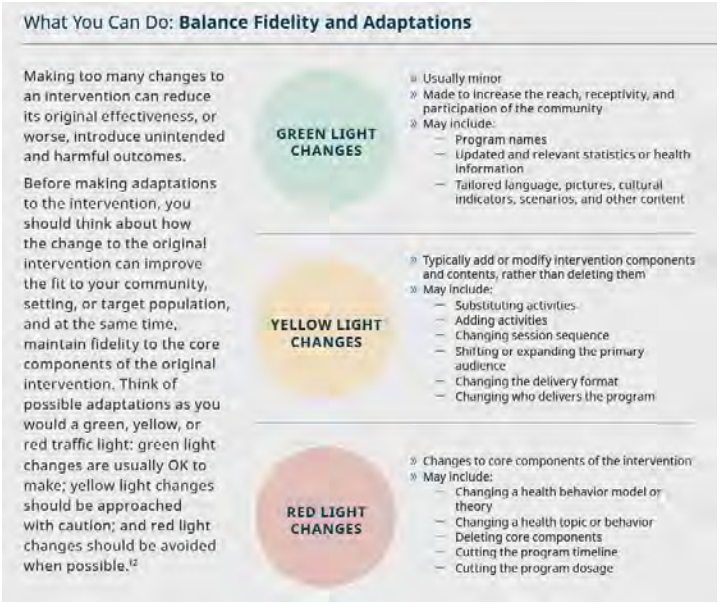

Balis, L. E., Kennedy, L. E., Houghtaling, B., & Harden, S. M. (2021). Red, Yellow, and Green Light Changes: Adaptations to Extension Health Promotion Programs. *Prevention Science,* 1-10.

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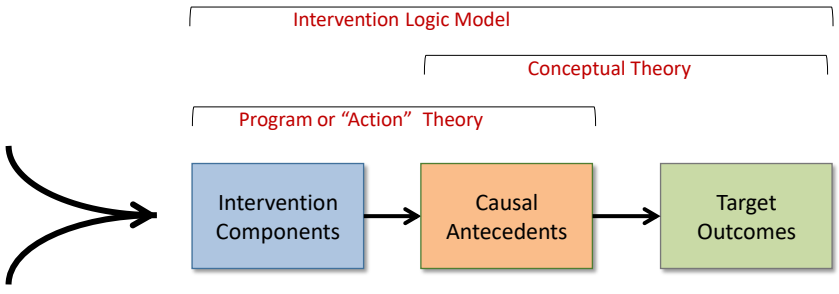
Intervention Logic Model

Researchers should stipulate the full logic model of their intervention

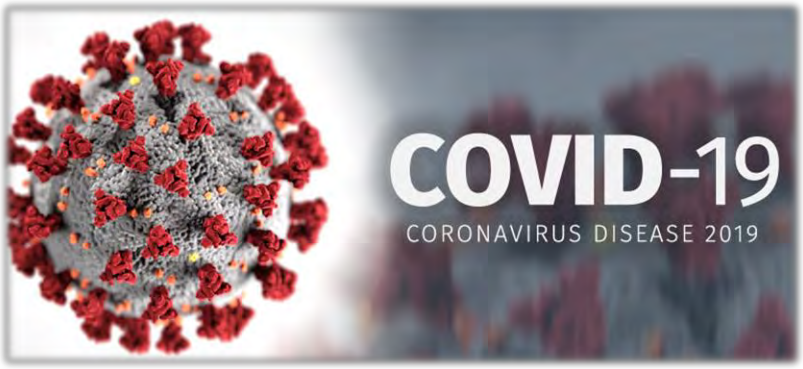
In particular adaptations that deal more with intervention delivery.



Adaptations that are consistent with the logic model of the intervention might be OK.

But, ultimately, adapted interventions should also be tested to see if they still work.

63



Since many of our preventive interventions are conducted in schools, families and communities, the question of adaptation becomes important in the wake of COVID-19.

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Global Implementation Research and Applications (2022) 2:266–277
https://doi.org/10.1007/s43477-022-00047-2

Check for updates

Implementing Evidence-Based Preventive Interventions During a Pandemic

Pamela R. Buckley[1] · Dan Edwards[2] · Amanda Ladika[1] · Christine M. Steeger[1] · Karl G. Hill[1]

Received: 7 February 2022 / Accepted: 1 June 2022 / Published online: 5 July 2022

Several preventive interventions have been evaluated using rigorous scientific standards and demonstrated to prevent or reduce youth problem behaviors and improve behavioral health outcomes (Catalano et al., 2012; Sandler et al., 2014). Implementing these evidence-based interventions with fidelity (i.e., as intended) is essential to yielding positive outcomes, since poor implementation can undermine effectiveness (Chambers et al., 2013; Durlak & DuPre, 2008). Adhering to fidelity guidelines, however, is challenging when interventions are adapted to realities of the environment, particularly during evolving, large-scale public health crises like a pandemic. This paper aims to inform the document important lessons learned and better understand the timing and substance of changes.

The Impact of COVID-19 on Communities and Families

Various checks were put in place to contain the spread of COVID-19, including quarantine or stay-at-home orders, discontinuation or disturbance of non-essential services, restrictions on public transport, social distancing, and use of masks (Wiersinga et al., 2020). COVID-19 also desta-

Buckley et al. (2022). Implementing evidence-based preventive behavioral interventions during a pandemic. *Global Implementation Research and Applications,* 2, 266-277.

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Blueprints COVID Survey

- Surveyed Model/Model Plus and Promising programs (5/2020, 5/2021).
- Examine the degree of modifications of EBIs made to ensure safe continuity of programming in the context of COVID.
- 58% response rate.
- Results:
  - ✓Most EBIs experienced a small (or no) impact in delivering services during COVID.
  - ✓Range of modifications to service delivery (stable findings).

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Modifications to service delivery

Which, if any, of the following modifications have been made to your intervention or its delivery to ensure the safe continuity of programming in the context of the Covid-19 outbreak?

Check all that apply.

We have….	2020	2021
not modified the intervention or its delivery due to COVID.	22%	11%
provided online resources to support implementation.	55%	65%
turned to tele-sessions and/or video conferencing to support service delivery.	60%	67%
offered online training workshops or lessons.	72%	88%
started a blog page to provide a forum for conversation.	12%	5%

Unless online delivery has been tested, there is no way of knowing if the intervention still works!

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Impact of modifications on service delivery

Are you collecting data to examine the relationship between modifications made due to Covid-19 and intervention outcomes?

	2020	2021
We are presently collecting these data.	24%	23%
We are planning to collect these data soon.	14%	11%
These data are not necessary as we have not modified our intervention or its delivery due to COVID.	5%	4%
We do not have the resources to collect these data.	28%	35%
Do not know.	0%	2%

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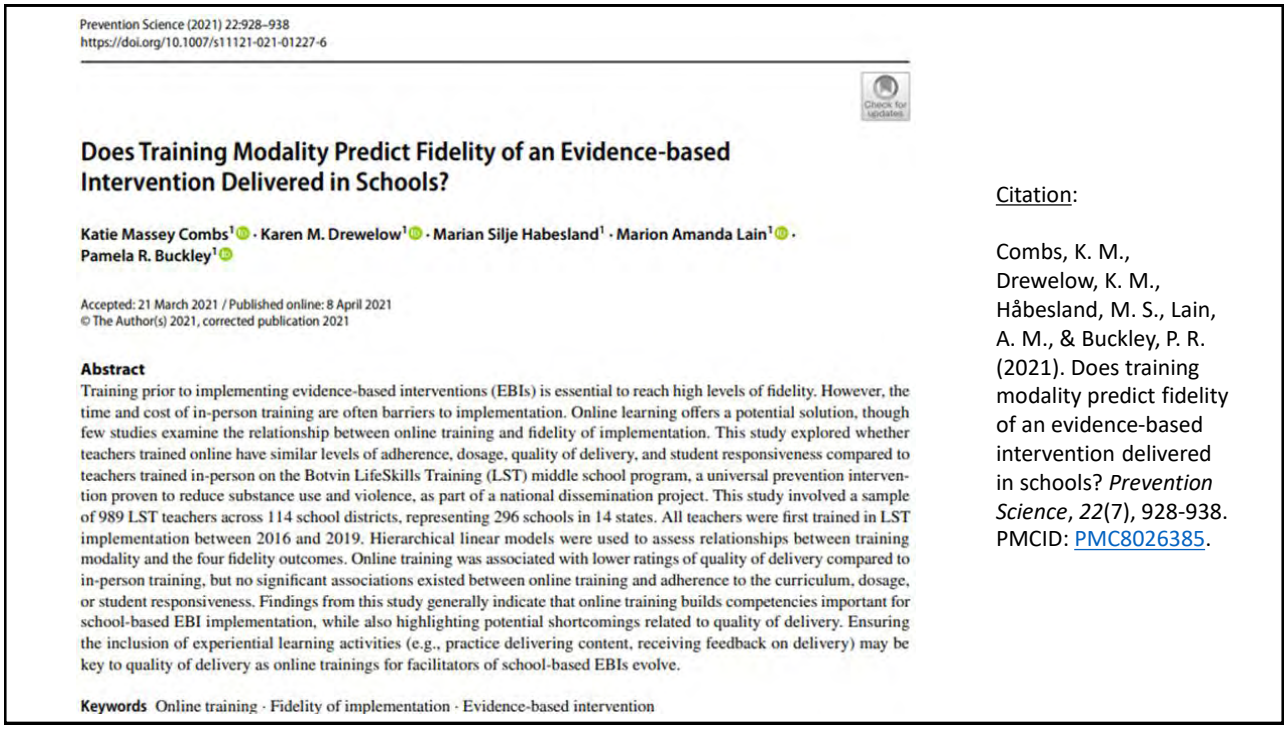

Prevention Science (2021) 22:928–938
https://doi.org/10.1007/s11121-021-01227-6

Does Training Modality Predict Fidelity of an Evidence-based Intervention Delivered in Schools?

Katie Massey Combs[1] · Karen M. Drewelow[1] · Marian Silje Habesland[1] · Marion Amanda Lain[1] · Pamela R. Buckley[1]

Accepted: 21 March 2021 / Published online: 8 April 2021

Abstract
Training prior to implementing evidence-based interventions (EBIs) is essential to reach high levels of fidelity. However, the time and cost of in-person training are often barriers to implementation. Online learning offers a potential solution, though few studies examine the relationship between online training and fidelity of implementation. This study explored whether teachers trained online have similar levels of adherence, dosage, quality of delivery, and student responsiveness compared to teachers trained in-person on the Botvin LifeSkills Training (LST) middle school program, a universal prevention intervention proven to reduce substance use and violence, as part of a national dissemination project. This study involved a sample of 989 LST teachers across 114 school districts, representing 296 schools in 14 states. All teachers were first trained in LST implementation between 2016 and 2019. Hierarchical linear models were used to assess relationships between training modality and the four fidelity outcomes. Online training was associated with lower ratings of quality of delivery compared to in-person training, but no significant associations existed between online training and adherence to the curriculum, dosage, or student responsiveness. Findings from this study generally indicate that online training builds competencies important for school-based EBI implementation, while also highlighting potential shortcomings related to quality of delivery. Ensuring the inclusion of experiential learning activities (e.g., practice delivering content, receiving feedback on delivery) may be key to quality of delivery as online trainings for facilitators of school-based EBIs evolve.

Keywords Online training · Fidelity of implementation · Evidence-based intervention

Citation:

Combs, K. M., Drewelow, K. M., Håbesland, M. S., Lain, A. M., & Buckley, P. R. (2021). Does training modality predict fidelity of an evidence-based intervention delivered in schools? *Prevention Science*, *22*(7), 928-938. PMCID: PMC8026385.

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Research Question

- Do teachers trained online have similar levels of ***fidelity of implementation (FOI)*** compared to teachers trained in-person on the Botvin LifeSkills Training (LST) middle school program, a universal prevention intervention proven to reduce substance use and violence?

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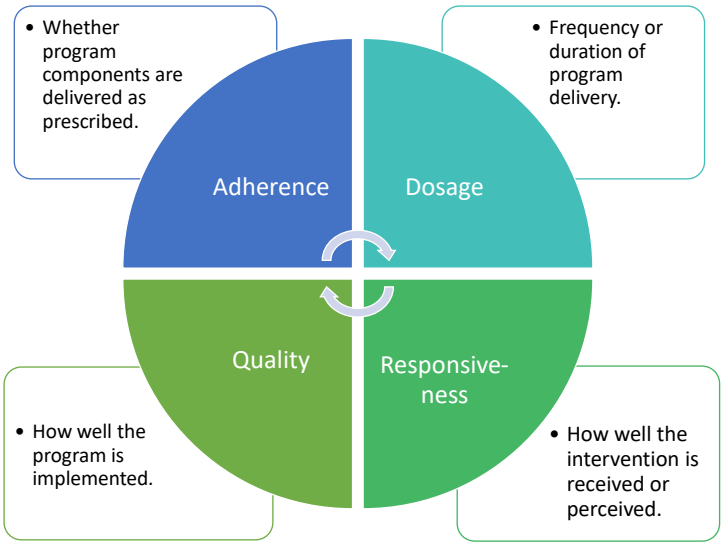
Fidelity of Implementation (FOI)



Dane, A. V., & Schneider, B. H. (1998). Program integrity in primary and early secondary prevention: are implementation effects out of control? *Clinical Psychology Review, 18*(1), 23-45.

71

Findings:

Online training was associated with lower ratings of quality of delivery. no significant associations between online training and adherence to the curriculum, dosage, or student responsiveness.

Implications:

- Online training builds competencies important for school-based EBI implementation.
- For interactive EBIs like LST, ensuring the inclusion of experiential learning activities may be key to quality of delivery as online trainings for facilitators of school-based EBIs evolve.

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Thank you!

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Blueprints Certified Universal Prevention Interventions for Substance Use

Program	Description	Major Components	Studied Population	Outcomes	Cost (per individual)	Odds of Higher Benefit to Cost
Model + Programs						
LifeSkills Training	A classroom-based substance use prevention program designed to prevent teenage drug & alcohol use, tobacco use, violence, & other risk behaviors by teaching students self-management skills, social skills, & drug awareness & resistance skills. **Strategy Type:** School-based curriculum **Setting:** Schools **Age:** Early Adolescence (12-14) - Middle School **Length:** 30 sessions taught over 3 years	Personal self-management skills, social skills, & information & resistance skills specifically related to substance use.	Female, male, African American, Hispanic, Latino, White, suburban, rural, urban, economically disadvantaged	**Reduced**: Alcohol use, delinquency & criminal behavior, marijuana/cannabis use, sexual risk behaviors, STIs, tobacco use, violence	$105	63%
Model Programs						
Positive Action	A school-based social emotional learning program for students in elementary & middle schools to increase positive behavior, reduce negative behavior, & improve social & emotional learning & school climate. **Strategy Type**: School-based curriculum **Setting**: Schools **Age**: Late Childhood (5-11) - K/Elementary; Early Adolescence (12-14) - Middle School **Length**: Lessons 2-4 times a week; approximately 140 15-minute lessons per grade K-6 & 82 15-20 minute lessons per grade 7 & 8	Self-concept, positive actions of your body & mind, managing yourself responsibly, treating others the way you like to be treated, telling yourself the truth, & improving yourself continually.	Female, male, across racial & ethnic groups, rural, suburban, urban	**Reduced**: Alcohol use, anxiety, bullying, deliquency & criminal behavior, depression, illicit drug use, marijuana/cannabis use, sexual risk behaviors, tobacco use, violence **Improved**: Academic performance, close relationships with peers, emotional regulation, positive social/prosocial behaviors, school attendance	$1,063	94%
Project Towards No Drug Abuse	A classroom-based drug prevention program designed for at-risk youth that aims to prevent teen drinking, smoking, marijuana, & other drug use. **Strategy Type**: School-based curriculum **Setting**: Schools **Age**: Late adolescence (15-18) - High School **Length**: 40-minute interactive sessions taught by teachers or health educators over a 3-week period	Motivation factors (i.e., students' attitudes, beliefs, expectations, and desires regarding drug use); skills (effective communication, social self-control, and coping skills); and decision-making (i.e., how to make decisions that lead to health-promoting behaviors).	Female, male, across racial & ethnic groups	**Reduced:** Alcohol use, illicit drug use, marijuana/cannabis use, tobacco use, violence	$69	54%
Promising Programs						
A Stop Smoking in Schools Trial (ASSIST)	A peer support program to reduce the uptake of smoking among young adolescents. **Strategy Type**: Peer-led approach **Setting**: Schools **Age**: Early Adolescence (12-14) - Middle School **Length**: 10 weeks	Increase knowledge about the health, economic, social, & environmental risks of smoking; emphasize the benefits of remaining smoke-free; & encourage the development of skills to enable the selected "peer supporter" students to promote non-smoking among their peers.	Female, male, across racial & ethnic groups	**Reduced:** Tobacco use	Not available	Not available
Athletes Training & Learning to Avoid Steroids (ATLAS)	A drug prevention & health promotion program that deters substance use among high school adolescents in school-sponsored athletics by educating youth on the harms of anabolic steroids, alcohol, & other drug use & promoting sports nutrition & exercise. **Strategy Type**: School-based curriculum **Setting**: Schools **Age**: Late Adolescence (15-18) - High School **Length**: 7-session classroom curriculum & 7 weight room skill training sessions (around 45 minutes each)	Risk factors of steroid use, strength training & sports nutrition, refusal skills, nutritional recommendations, & educating about false claims of over the counter supplements.	Male, Caucasian	**Reduced**: Alcohol use, illicit drug use **Improved**: Physical health & well-being	Not available	Not available
Communities That Care	A prevention system designed to reduce levels of adolescent delinquency & substance use through the selection & use of effective preventative interventions tailored to a community's specific profile of risk & protection. **Strategy Type**: Community-based **Setting**: Community **Age**: Infant (0-2); Early Childhood (3-4) - Preschool; Late Childhood (5-11) - K/Elementary; Early Adolescence (12-14) - Middle School; Late Adolescence (15-18) - High School; Early Adulthood (19-24) **Length**: Ongoing	Strategic community plan, identification of youth risk factors, protective factors, & problem behaviors, Community Readiness Assessment, community training, assessments of existing community resources, Community Action Plan, implementation of prevention interventions, & Community Plan Implementation Training.	Male, female, across racial & ethnic groups	**Reduced**: Alcohol use, antisocial-aggressive behavior, delinquency & criminal behavior, tobacco use, violence	$623	86%

Program	Description	Major Components	Studied Population	Outcomes	Cost (per individual)	Odds of Higher Benefit to Cost
Promising Programs						
EFFEKT	An alcohol prevention program designed to reduce teenage alcohol use through parent training. **Strategy Type**: Family-based intervention **Setting**: Schools, Community **Age**: Early Adolescence (12-14) - Middle School **Length**: 3 years (7th - 9th grades) with 5 parent meetings	Parent attitudes, communicating zero-tolerance policies around alcohol to their children, & organized activities in the community.	Male, female, across racial & ethnic groups	**Reduced**: Alcohol use, delinquency & criminal behavior	Not available	Not available
Good Behavior Game	A classroom-based behavior management strategy for elementary school that teachers use along with a school's standard instructional curricula. GBG uses a classroom-wide game format with teams and rewards to socialize children to the role of student and reduce aggressive, disruptive classroom behavior, which is a risk factor for adolescent and adult illicit drug abuse, alcohol abuse, cigarette smoking, antisocial personality disorder (ASPD), and violent and criminal behavior. **Strategy Type**: Behavior management **Setting**: Schools **Age**: Late Childhood (5-11) - K/Elementary **Length**: Ongoing: 10 - 45 minutes per strategy	Game format; basic classroom rules of student behavior are posted and reviewed; rewarding teams based on adherence to classroom rules during game periods.	Female, male, African American, Cauasian, across racial & ethnic groups	**Reduced:** Antisocial-aggressive behavior, internalizing suicide/suicidal thoughts, tobacco **Improved:** Mental health	$160	76%
Guiding Good Choices	A family training program that aims to enhance parenting behaviors & skills, enhance effective child management behaviors & parent-child interactions & bonding, teach children skills to resist peer influence, & reduce adolescent problem behaviors. **Strategy Type**: Family-based intervention **Setting**: Schools, Community **Age**: Early Adolescence (12-14) - Middle School **Length**: 5 total sessions, 1 per week lasting 2 hours each	Peer resistance skills, identification of risk factors for adolescent substance abuse & a strategy to enhance protective family processes; development of effective parenting practices, particularly regarding substance use; and family conflict management & use of family meetings as a vehicle for improving family management & positive child involvement.	Female, male, Caucasian	**Reduced**: Alcohol use, delinquency & criminal behavior, depression, illicit drug use	$692	50%
InShape Prevention Plus Wellness	A brief prevention program to improve physical, mental, & spiritual well-being of college students by connecting positive health habits & images with the avoidance of risky alcohol, tobacco, marijuana & other drug use. **Strategy Type**: Brief intervention **Setting**: Schools **Age**: Early Adulthood (19-24) **Length**: 25 minutes	A brief talk about fitness & health, a set of fitness recommendations, and goal setting and planning to improve fitness behaviors & future image.	African American, Caucasian, Hispanic	**Reduced:** Alcohol use, marijuana/cannabis use	$26	49%
Learning Together	A school-wide program that aims to improve the school environment to reduce bullying & aggression while promoting student health & wellbeing. **Strategy Type**: School-wide intervention **Setting**: Schools **Age**: Early Adolescence (12-14) - Middle School **Length**: 3 years between grades 8-10	Schoolwide policies & systems, restorative practices, & social-emotional education.	Male, female, across racial & ethnic groups	**Reduced**: Alcohol use, bullying, conduct problems, delinquency & criminal behavior, illicit drug use, tobacco use **Improved**: Mental health	Not available	Not available
Positive Family Support	A school-based intervention with universal, selected, and individualized components designed to build positive home-to-school connections through family support services. The program aims to reduce problem behavior & risk for substance abuse & depression & improve family management practices & communication skills, as well as adolescents' self-regulation skills & prosocial behaviors. **Strategy Type**: Family and School-based intervention **Setting**: Schools **Age**: Early Adolescence (12-14) - Middle School **Length**: Ongoing: 6 week prevention program	Training school staff to deliver: universal resources and strategies to all families/caregivers; engaging families to help support struggling students; and individual school-based family check-ups for students demonstrating ongoing challenges.	Female, male, African American, Caucasian, Hispanic/Latino	**Reduced:** Alcohol use, depression, sexual risk behaviors, tobacco use	$46	70%

Program	Description	Major Components	Studied Population	Outcomes	Cost (per individual)	Odds of Higher Benefit to Cost
Promising Programs						
PROSPER	A prevention delivery system fosters implementation of evidence-based youth & family interventions through completion of ongoing needs assessments, monitoring of implementation quality & partnership functions, & evaluation of intervention outcomes. **Strategy Type**: System for selecting & implementing evidence-based prevention programs **Setting**: Schools, Community **Age**: Early Adolescence (12-14) - Middle School **Length**: Ongoing	School-community-university partnership that fosters implementation of evidence-based youth & family interventions, ongoing needs assessments, monitoring of implementation quality & partnership functions, & evaluation of intervention outcomes.	Female, male, across racial & ethnic groups	**Reduced**: Alcohol use, conduct problems, delinquency & criminal behavior, illicit drug use, marijuana/cannabis use, tobacco use **Improved**: Close relationships with parents	$359	39%
Raising Healthy Children	A preventive intervention with teacher, parent, & child components designed to promote positive youth development by enhancing protective factors, reducing identified risk factors, & preventing problem behaviors & academic failure. **Strategy Type**: School-wide & family-based intervention **Setting**: Schools **Age**: Late Childhood (5-11) - K/Elementary; Early Adolescence (12-14) - Middle School; Late Adolescence (15-18) - High School **Length**: Ongoing; training for teachers and 5 parenting workshops	Proactive classroom management, cooperative learning methods, strategies to enhance student motivation, student involvement & participation, reading strategies, interpersonal problem-solving skills, family management skills, & parent strategies to help their child succeed in school.	Female, male, Caucasian, suburban	**Reduced:** Alcohol use, antisocial-aggressive Behavior, marijuana/cannabis use **Improved**: Academic performance, prosocial with peers	Not available	Not available
RealTeen	A web-based drug use prevention program intended to reduce substance use among early adolescent girls through improving cognitive and social skills related to stress, mood, communication, and healthy body image personal. **Strategy Type**: Online skills training **Setting**: Online **Age**: Early Adolescence (12-14) - Middle School **Length**: 9-12 sessions, 15-20 minutes each	Social cognitive theory-based sessions targeting goal setting, decision making, puberty, body image, coping, drug knowledge, communication and assertiveness, and drug refusal.	Female, across racial & ethnic groups	**Reduced:** Illicit drug use, marijuana/cannabis use, tobacco use	Not available	Not available
SPORT Prevention Plus Wellness	A health promotion program that highlights the positive image benefits of an active lifestyle to reduce the use of alcohol, tobacco & drug use by high school students in addition to improving their overall physical health. **Strategy Type**: Brief intervention **Setting**: Schools **Age**: Late Adolescence (15-18) - High School **Length**: 1 session brief intervention	Health behavior screen, one-on-one consultation, a take home fitness prescription recommending the youth to set health-related goals.	Female, male, across racial & ethnic groups, low income	**Reduced**: Alcohol use, tobacco use **Improved**: Physical health & well-being	$48	51%
Strengthening Families Program: For Parents & Youth 10-14	A group parenting & youth skills program that aims to helps parents/caregivers learn nurturing skills that support their children, teaches parents/caregivers how to discipline and guide their youth effectively, gives youth a healthy future orientation and an increased appreciation of their parents/caregivers, and teaches youth skills for dealing with stress and peer pressure. **Strategy Type**: Family-based intervention **Setting**: Schools, Community **Age**: Late Childhood (5-11) - K/Elementary; Early Adolescence (12-14) - Middle School **Length**: Weekly 2 hour sessions for 7 total sessions	Caregivers: Enhance parenting skills & promote effective parenting styles. Youth: Build life skills & foster positive attitudes. Family: Strengthen family bonds, promote positive communication, & enhance joing problem solving.	Female, male, African American, Caucasian, rural	**Reduced:** Alcohol use, antisocial-aggressive behavior, internalizing, tobacco use **Improved:** Close relationships with parents	$583	60%
Strong African American Families Program (SAAF)	A culturally tailored, family-centered intervention program designed to build on the strengths of African American families to prevent substance abuse and other risky behavior among youth by strengthening positive family interactions, enhancing primary caregivers' efforts to help youth reach positive goals, and preparing youth for their teen years. **Strategy Type**: Family-based intervention **Setting**: Schools, Community **Age**: Late Childhood (5-11) - K/Elementary; Early Adolescence (12-14) - Middle School **Length**: 7 weeks, 2 hours per week	Caregivers: Enhance parenting skills, provide positive racial socialization, & strengthen relationship with child. Youth: Promote competence to avoid risky behavior, set goals for the future, & strengthen relationship with caregiver. Family: Strengthen family bonds & communication, understand importance of family values, & address societal influences.	Female, male, African American, rural	**Reduced**: Alcohol use, delinquency & criminal behavior, truancy **Improved**: Close relationships with parents	$759	54%

Program	Description	Major Components	Studied Population	Outcomes	Cost (per individual)	Odds of Higher Benefit to Cost
Promising Programs						
Strong African American Families - Teen (SAAF-T)	A group-based adaptation of the SAAF parenting program designed for families with youth ages 14–16. SAAF-T aims to build on the strengths of African American families to prevent substance use and other risky youth behaviors. **Strategy Type**: Family-based intervention **Setting**: Community **Age**: Late Adolescence (15-18) - High School **Length**: 5 sessions lasting 2 hours each	Caregivers/Family: Strengthening parental monitoring & involvement, communicating with youth about sex & substance use, engaging in cooperative problem-solving, & providing positive racial socialization. Youth: Goal-setting & attainment, resistance of involvement in risky behaviors, strategies for addressing experiences of racism, & acceptance of parental influences.	Female, male, African American, rural	**Reduced:** Alcohol use, conduct Problems, depression, marijuana/cannabis use, sexual risk behaviors	$562	59%

ADDITIONAL RESOURCES

Resource
US Department of Health and Human Services' The Importance of Contextual Fit when Implementing Evidence-Based Interventions describes an approach to determining fit with local context to support selection of interventions. https://aspe.hhs.gov/sites/default/files/migrated_legacy_files//44416/ib_Contextual.pdf
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. https://www.samhsa.gov/resource/ebp/selecting-best-fit-programs-practices-guidance-substance-misuse-prevention
SAMHSA's Identifying and Selecting Evidence-Based Interventions offers guidance on applying the Strategic Prevention Framework to identifying and selecting evidence-based interventions. https://mha.ohio.gov/static/Portals/0/assets/SchoolsAndCommunities/CommunityAndHousing/SPF/SPF%20Phases/Planning/Identifying%20and%20Selecting%20EBI.pdf
ADAPT's Prevention Intervention Resource Center provides a comprehensive listing of evidence-based program registries with direct access links. https://www.hidta.org/adapt/prevention-intervention-resource-center/

UPCOMING EVENTS

01.25.23

3:00-4:30pm ET

Social Norms Workshop #2: Developing & Delivering Social Norms Information to Prevent Youth Substance Use in Schools and Communities

This workshop will prepare you to create different types of social norms messages to increase the likelihood they will effectively challenge misperceptions of substance use. Participants will also learn about effective delivery of social norm messages using an array of interpersonal and media methods that leverage roles perceived as trustworthy by youth (i.e., caregivers, teachers, public safety, etc.). Examples from successful social norms messaging campaigns will be presented and discussed.

Register HERE

02.09.23

3:00-4:30pm ET

Social Norms Workshop #3: Collecting & Using Data in Social Norms Interventions and Impact Assessments for Schools & Communities

This workshop will take you through steps for collecting and using data in social norms interventions and strategies for evaluating the impact of your messaging. Participants will learn how to maximize the utility of existing data sources and when and how to collect new data to inform the creation of positive social norms messages. Strategies will be presented for how to respond to youth (and adults) who are skeptical of the of the accuracy of true positive social norms. Lastly, participants will learn essential measures, and outcomes for evaluating the impact of social norms interventions.

Register HERE