Lobby Question

Have you had to adapt your prevention efforts in response to the COVID-19 pandemic?





PTTC Prevention Funded by Subs

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

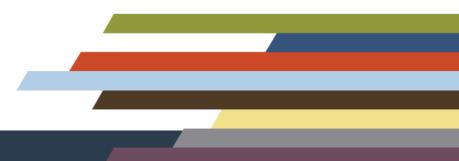
Peer Sharing Call Adapting Substance Misuse Prevention: Improving Effectiveness and Achieving Better Outcomes

Samantha Harries, Director of Operations, New Jersey Prevention Network

Jessica Goldberg, Training and Technical Assistance (TTA) Specialist, EDC

Ivy Jones-Turner, TTA Specialist, EDC





Technical Information

This peer sharing call is being recorded. After the call, we will share the recording and the slides.

Please contact the call facilitator if you have any concerns or questions.

Presenters



Ivy Jones-Turner

T/TA Specialist EDC, Region 2 PTTC



Samantha Harries

Director of Operations New Jersey Prevention Network



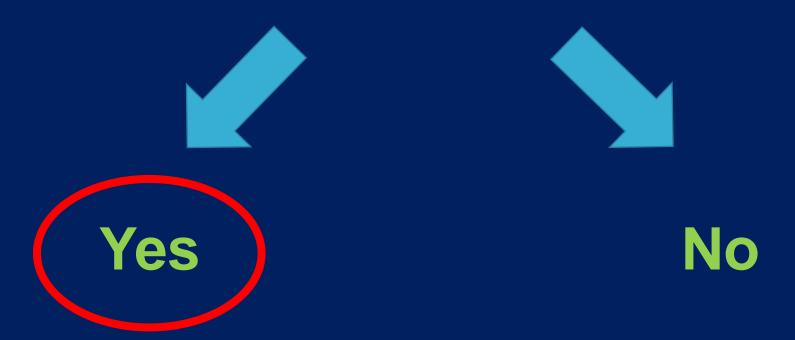
Jessica Goldberg

T/TA Specialist EDC, Region 2 PTTC

Road Map

- Determine whether to adapt your prevention efforts
- Decide what to adapt
- Get help making adaptations
- Implement and evaluate your adaptations

Make an Adaptation?



Adaptations in Prevention



To Adapt, or Not to Adapt?

REPLICATION					
Advantages	Disadvantages				
Program requirements clearly defined	 Program may have been designed for different populations or settings 				
Implementation guidelines may	 Program may not meet population needs 				
be clearly defined	 Program may be too expensive to implement as is 				
ADAPTATION					
Advantages	Disadvantages				
 May more accurately meet audience needs May improve feasibility 	 Likelihood of achieving same outcomes as original program are diminished 				

Discussion Question

If you've adapted your prevention programs or practices, how did you decide whether to do so?

What stakeholders did you involve as part of the decision?

Decide Whether to Adapt



Decide What to Adapt



Elements We Can Adapt

- What: Content
- How: Delivery mechanisms and methods
- To whom: Audience
- Where: Setting
- **By Whom:** Person(s) delivering the intervention



Discussion Question

When adapting prevention strategies, which elements have you changed?



Discussion Question

What was the most important change you made to a prevention program, practice, or process in the past ~6 months?



Decide Whether to Adapt



Decide What to Adapt



Get Help

- Consult with the developer
- Build capacity before changing the intervention
- Adhere to evidence-based principles
- Retain core components
- Add, rather than subtract
- Be thoughtful about culturally-based changes



Build Capacity Before Changing the Intervention



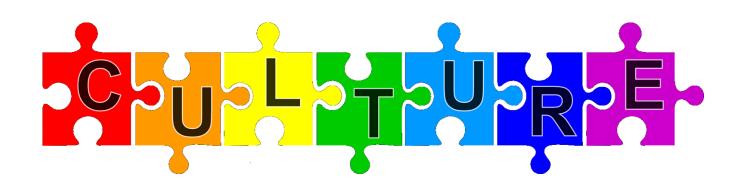
Retain Core Components

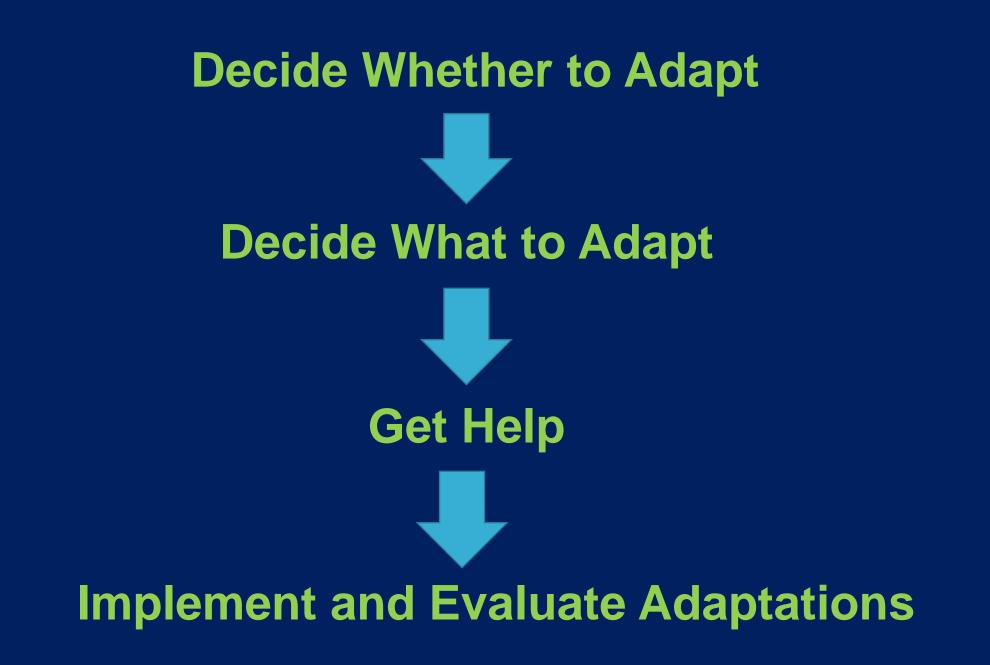
Be Thoughtful About Culturally-Based Changes



Discussion Question

Have you ever had to make a cultural adaptation to one of your prevention programs or practices? If so, what did you change?





Implementation During COVID: Going Digital

- What evidence-based program do you want to adapt for digital delivery?
- Is a digital adaptation of this program likely to reach the population of interest, and if so, is the population likely to engage in it?
- Can the program be adapted to a virtual environment without compromising integrity?
- Can a digital adaptation be implemented:
 - In real-world conditions unique to your agency context?
 - With minimal burden on participants and providers?
- Can the adaptation be seamlessly integrated into existing systems in your program?
- Do you have the financial resources needed to adapt the program for digital delivery?

Examples of COVID-Related Adaptations

- Formerly delivered in person in school settings, *E-LifeSkills Training* is an evidence-based social skills training program that has been adapted for web-based delivery at home, in class, or in hybrid learning environments.
- Adapted from BRAVE, a clinic-based cognitive behavioral therapy program for anxiety, *BRAVE Online* offers treatment to children and adolescents with anxiety disorders.
- **Strengthening Families** is an evidence-based parenting skills training and youth drug prevention program that has been adapted from in-person to web-based delivery.



WISE Six Lesson Curriculum

Lesson One	Lesson Two	Lesson Three	Lesson Four	Lesson Five	Lesson Six
Understanding Changes Associated with Aging	Aging Sensitivity	Valuing Cultural & Generational Diversity	Medication & the Older Adult	Addiction, ATOD & the Older Adult	An Enhanced Quality of Life



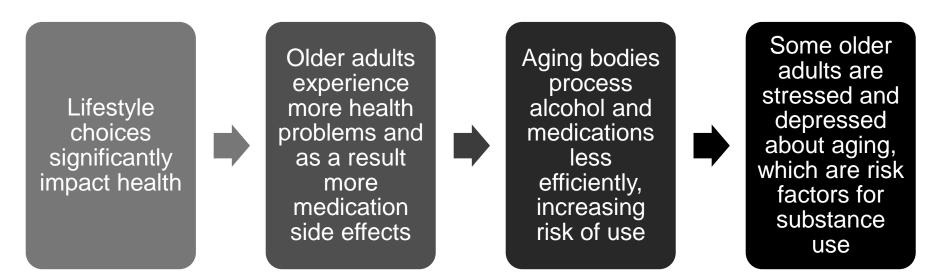
Health Belief Model



The WISE Theory

In the development of WISE, NJPN first theorized why older adults are at particular risk for substance abuse and then used the Health Belief Model to suggest prevention strategies that best address these risks.

Four components:





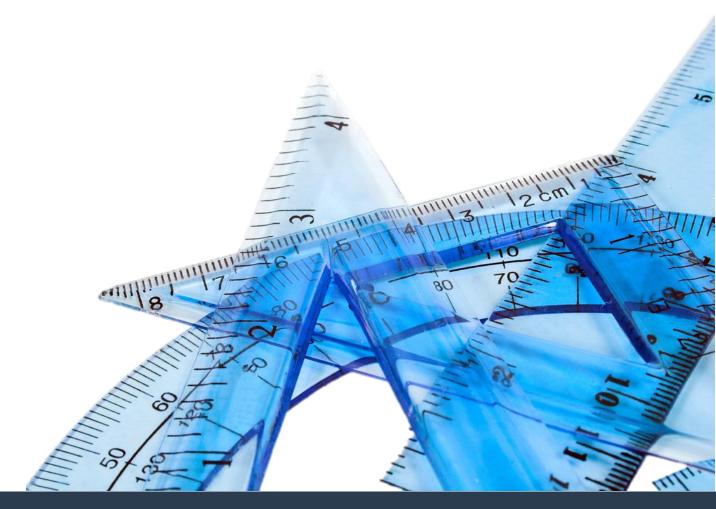
Discussion Question

What challenges have you encountered implementing adaptations during COVID?

How have you addressed them?

Next Steps for Your Adaptation

- Update logic model
- Update evaluation plan
- Collect process data
- Collect outcome data
- Monitor for effect(s)
- Evaluate impact
- Communicate findings



Questions?





Please take the time to complete a brief evaluation:

https://ttc-gpra.org/P?s=492739



Your feedback is appreciated!

Thank You!

If you have questions or comments, don't hesitate to contact:

Jessica Goldberg

T/TA Specialist

jgoldberg@edc.org

Samantha Harries Director of Operations info@njpn.org

Ivy Jones-Turner T/TA Specialist

jgoldberg@edc.org

References

- Rolleri, L. A., Fuller, T. R., Firpo-Triplett, R., Lesesne, C. A., Moore, C., & Leeks, K. D. (2014). Adaptation guidance for evidence-based teen pregnancy and STI/HIV prevention curricula: From development to practice. *American Journal of Sexuality Education*, 9(2), 135-154. doi:10.1080/15546128.2014.900467
- Sanders, R.P. (2016). Implementation Monitoring and Process Evaluation. Thousand Oaks: SAGE Publications, Inc.
- National Implementation Research Network. (2013). Implementation Defined. Retrieved from http://nirn.fpg.unc.edu/learn-implementation/implementation-defined
- Source: Weiss, C. H. (1998). Evaluation: Methods for studying programs and policies. 2nd ed. Upper Saddle River, NJ: Prentice Hall.
- Center for Substance Abuse Prevention, Division of Knowledge Development and Evaluation. (1996). CSAP Technical Report Series (DHHS Publication No. SMA 96-3117).
- Firpo-Triplett, R., Fuller, T. (2012). General adaptation guidance: A guide to adapting evidence-based sexual health curricula. ETR Associates. Retrieved from <u>http://recapp.etr.org/recapp/documents/programs/GeneralAdaptationGuidanceFINAL.pdf</u>
- Janevic, M. R., Stoll, S. C., Lara, M., Ramos-Valencia, G., Bryant-Stephens, T., Persky, V., & Malveaux, F. J. (2016, August). The "retrofitting" appro ach to adaptin g evidence-based interventions: A case study of pediatric asthma care coordination, United States, 2010–2014. Preventing Chronic Disease, 13(160129). Retrieved from http://dx.doi.org/10.5888/pcd13.160129
- Fixsen, D. L., Naoom, S. F., Blase, K. A., Friedman, R. M., & Wallace, F. (2005). Implementation research: A synthesis of the literature (FMHI Publication #231). Tampa, FL/Chapel Hill, NC: University of South Florida, Louis de la Parte Florida Mental Health Institute/National Implementation Research Network. Retrieved from http://ctndisseminationlibrary.org/PDF/nirnmonograph.pdf
- Hawkins, E.H., Cummins, L.H., & Marlatt, G.A. (2004). Preventing Substance Abuse in American Indian and Alaska Native Youth: Promising Strategies for Healther Communities. Psychological Bulletin, 130(2), 304-323.
- Durlak, J. A., & DuPre, E. P. (2008). Implementation matters: A review of research on the influence of implementation on program outcomes and the factors affecting implementation. American Journal of Community Psychology, 41(3/4), 327–350. Retrieved from https://doi.org/10.1007/s10464-008-9165-0