Northeast & Caribbean (HHS Region 2)

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

Audio & Technical Information

- Ensure your full name is showing. If it isn't, hover your mouse to the right of your name in the participant list and click "rename"
- Use the chat to engage and interaction with panelists and participants

Lobby Question

What do you think when you hear the word *adaptation?*

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Adapting Substance Misuse Prevention: Improving Effectiveness and Achieving Better Outcomes

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Services Administration
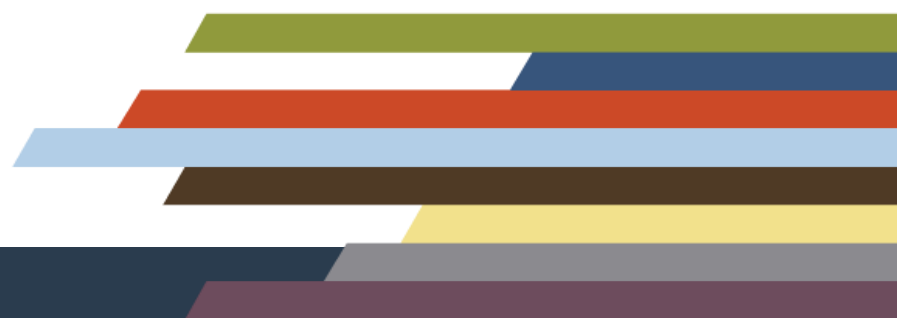
Technical Information

This webinar is being recorded. Following the event, we will share the recording with participants.

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

Presenters

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Learning Objectives

- Define key adaptation-related concepts

- List steps in the process of implementing "best fit" adaptations

- Examine real world examples of adaptations to distill elements of success

- Identify considerations for adapting interventions in response to changing community contexts

This year in particular, prevention practitioners are called on to be:

- Compassionate

- Flexible

- Supportive

- Creative

- ***Adaptable***

A Primer on Adaptation

Discussion Questions

What is one thing you've had to do differently this year in (prevention-wise) in response to the COVID-19 pandemic?

What is Adaptation?

Deliberate or accidental **modification** of a program, including additions, deletions, or modifications to the **nature of the program's components** (e.g., changing intensity or duration of components, making changes to ensure cultural appropriateness).

Adaptation in Context

Evidence-based Intervention

Implementation

Replication/ Fidelity of Implementation

Adaptation

Adapting Prevention Interventions

Programs

Practices

Processes

?
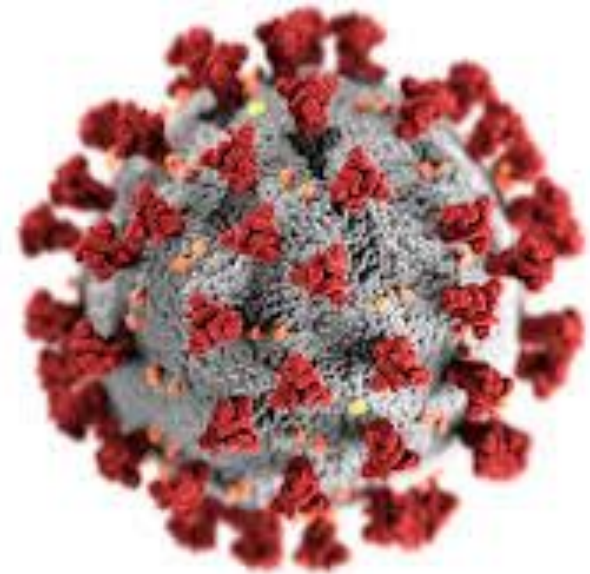
Why Adapt?

- Practitioner skill level

- Time constraints

- Cultural fit

- Work/sustain relationships with partners
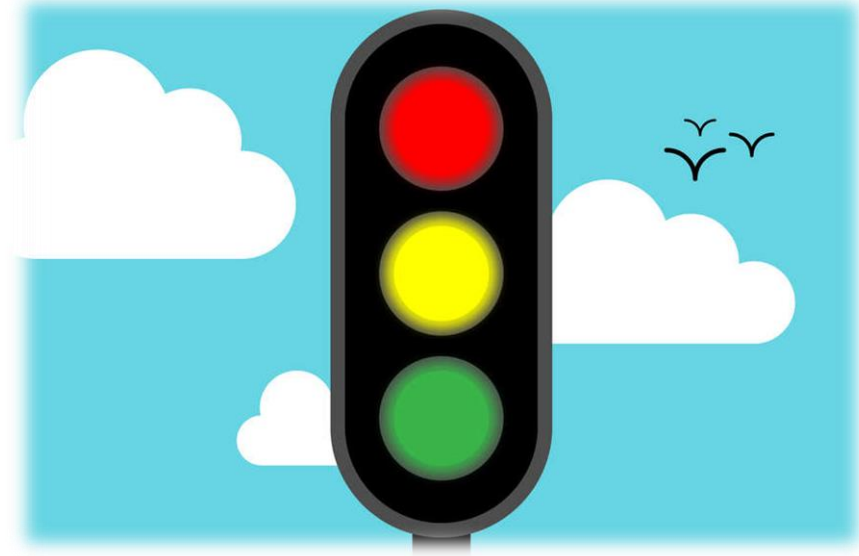
- Unforeseen events

Making Adaptations: Details to Consider

- **What**: Content

- **How**: Delivery mechanisms and methods

- **To whom**: Audience

- **By Whom**: Person(s) delivering the intervention

- **Where**: Setting

Types of Adaptations

- Green light

- Yellow light

- Red light

- Cultural

Examples

- **GREEN:** Making activities more interactive to different learning styles or updating and customizing statistics

- **YELLOW**: Replacing videos or changing session order or activity sequence

- **RED:** Shortening a program or reducing/eliminating activities

- **Cultural:** Tailoring learning activities and instructional methods to a specific culture by integrating important elements of the culture into the core components (such as by having an opening prayer for a Native American Substance Abuse Prevention Skills Training)

Fidelity and Adaptation

Discussion Question

Please share an example of a situation where it is important to follow directions.

Fidelity Defined

The degree to which a program, strategy, or model is implemented as its developer intended or that research shows is effective.

fi·del·i·ty

/fəˈdelədē/

noun

The Importance of Fidelity

Delivered

(e.g.,number of sessions, length of sessions)

Delivered to the right people in the right setting

(e.g., reached the target audience)

Delivered well

(e.g., content was relevant, useful, and delivered by a competent, trained facilitator)

Delivered *as designed*

(e.g., the right content was delivered in the right order using the right format)

Elements of Fidelity

Core components are the *most essential* and *indispensable* elements of a practice or program.
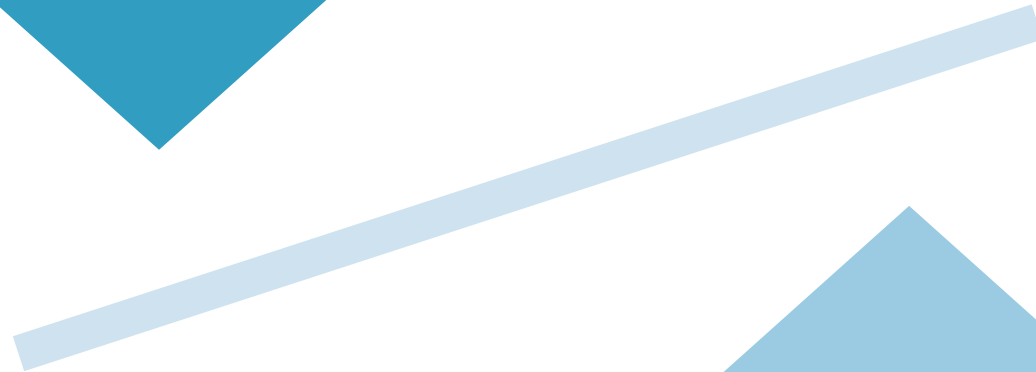
Example: Strengthening Families

- Program coordinator
- Group leaders
- # Participants
- # Sessions
- Transportation
- Childcare Service
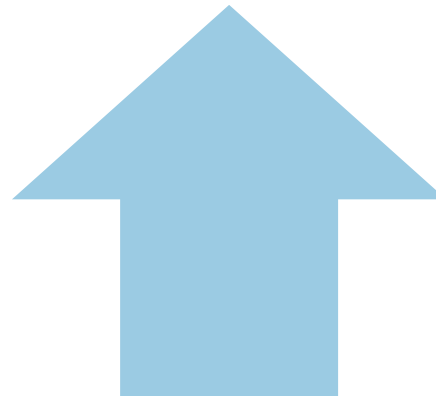- Family Dinners

Strengthening Families Program

Adapting with Fidelity

- **Culture**
- **Local Needs**

ADAPTATION

FIDELITY

Needs a More Rigorous EVALUATION

Handout 1: Continuum of Adaptation and Fidelity

Adaptation in Action

Discussion Questions

Before COVID, had you adapted any prevention programs or strategies?

If so, what did you adapt and why?

To Adapt, or Not to Adapt?

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

Guidance for Adapting Pre-COVID
Planned vs. Unplanned Adaptations

PLANNED

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

UNPLANNED

- If at all possible, consult with the developer and retain core components
- Anticipate mother nature
- Make sure staff are well trained
- Maintain proper staffing and coverage
- Justify and monitor the impact of course corrections

Finding the "Best Fit" Adaptations

Identify *types* of interventions that

- address a community's salient risk and protective factors and contributing conditions

- target opportunities for intervention in multiple life domains

- drive positive outcomes in one or more substance abuse problems, consumption patterns, or consequences

Demonstrate "Conceptual Fit"

Relevant?

Select *specific* programs, practices, and policies that

- are feasible given a community's resources, capacities, and readiness to act

- add to/reinforce other strategies in the community–synergistic vs. duplicative or stand-alone efforts

Demonstrate "Practical Fit"

Practical?

AND

- are adequately supported by theory, empirical data, and the consensus judgment of informed experts and community prevention leaders

Demonstrate "Evidence of Effectiveness"

Effective?

Best fit prevention interventions to include in comprehensive community plan

Handout 2: Finding the "Best Fit" Adaptations

"Check" Your Adaptation

Strategy Checks

- Relevance
- Practicality
- Effectiveness

Utility Checks

- Target population
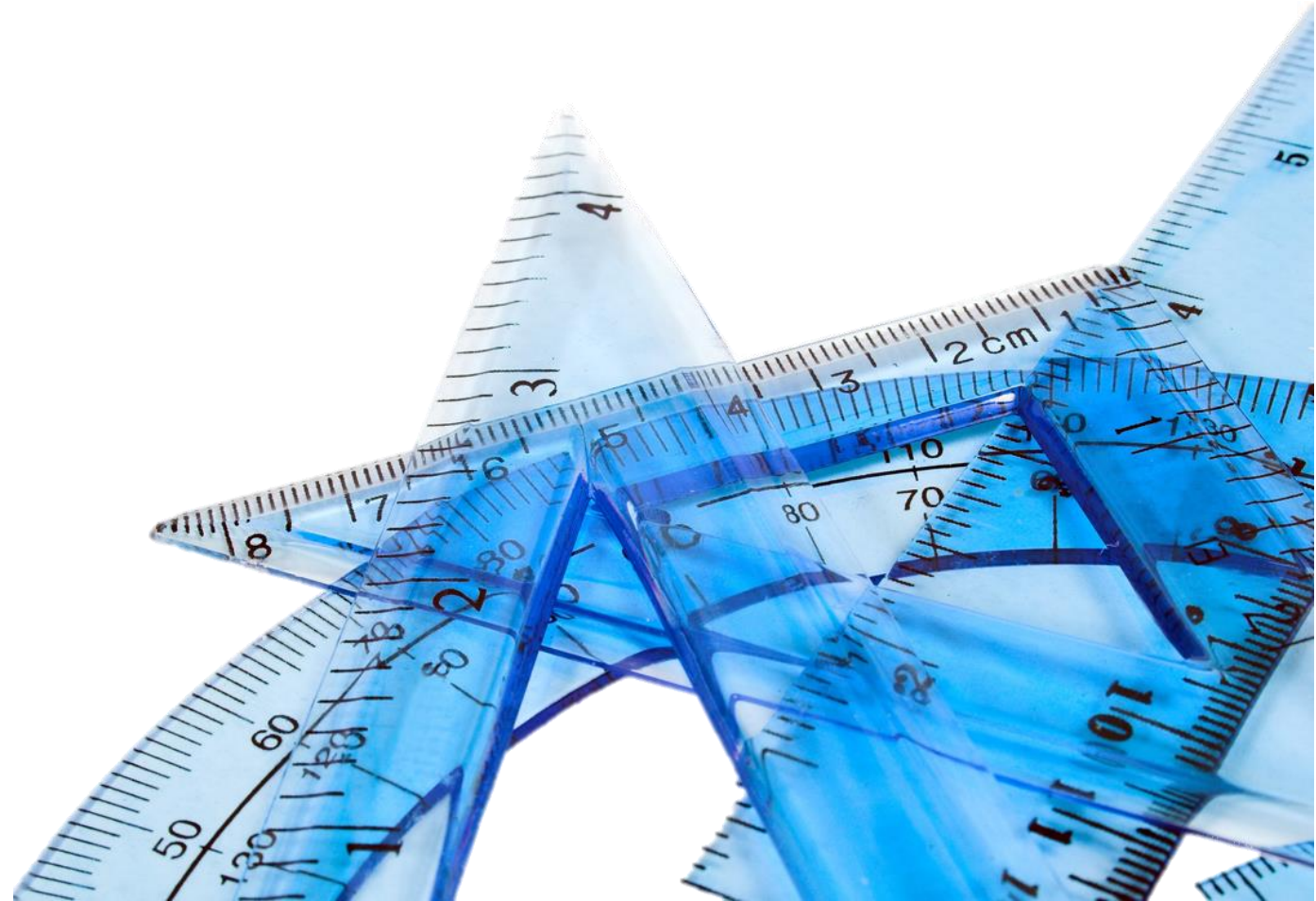- Intervention setting
- Cultural fitness
- Implementation supports

Feasibility Checks

- Community fit
- Organizational fit

Handout 3: Adaptation Planning Form

What Happens After Adaptation?

- Update logic model

- Update evaluation plan

- Collect process data

- Collect outcome data

- Monitor for effect(s)

- Evaluate impact

- Communicate findings

Adaptation in a COVID-19 World

Types of Adaptations

☐ **What**: content

☑ **How**: delivery mechanisms and methods

☐ **To whom**: audience

☑ **By whom**: person(s) delivering the intervention

☑ **Where**: setting

Going Digital: Public Health Interventions

Digital Intervention	Examples
Client-to-provider telehealth	• Consultations between remote client/ patient and health worker • Clients/patients transmit medical data (e.g. images, notes and videos) to health worker
Provider-to-provider telehealth	• Consultations for case management between health workers • Consulting with other health workers, particularly specialists, for patient case management and second opinion
Decision support tools	• Clinical decision support systems • Job aid and assessment tools to support service delivery, may or may not be linked to a digital health record • Algorithms to support service delivery according to care plans and protocols

Source: Adapted from Classification of digital health interventions v1.0 (WHO, 2018).

Going Digital: Public Health Interventions, cont.

Digital Intervention	Examples
Targeted consumer/client communication	• Notifications and reminders for appointments, medication adherence, or follow-up services • Health education, behavior change communication, health promotion communication based on a known client's health status or clinical history • Alerts for preventive services and wellness • Notification of health events to specific populations based on demographic characteristics
Provision of educational and training content	• mLearning, eLearning, virtual learning • Educational videos, multimedia learning and access to clinical and non-clinical guidance for training reinforcement

Source: Adapted from Classification of Digital Health Interventions v1.0 (WHO, 2018).

Going Digital: Public Health Interventions, cont.

| Digital Intervention	Examples
Mobilization and collaboration	• Discussion boards & forums to foster asynchronous planning • Facebook, Twitter, and You Tube to promote and disseminate health messages and/or advocate for policy change • Internet chatrooms & support groups to encourage help seeking by those who fear stigma • Wikis (including Wikipedia) to advance knowledge on what is likely to work through collaboration

Source: Adapted from Classification of Digital Health Interventions v1.0 (WHO, 2018).

Going Digital: General Considerations

- Who is the population group of interest?

- What evidence-based program are you wanting 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 use it?

- Can the program be adapted as a digital one without compromising fidelity and integrity?

- Can a digital adaptation be implemented in real-world conditions?

- Can it be implemented with minimal burden on participants and providers?

- Can the adaptation be seamlessly integrated into existing systems (as relevant)?

- Do you have the financial resources required to productively adapt the program for digital delivery?

The Special Case of e-Learning

- Have instructors who are flexible and responsive
- Attend to learner competencies, characteristics, and preferred learning approaches
- Address barriers that can lead to attrition
- Provide a comprehensive orientation
- Link to ongoing support services
- Include peer-to-peer and student-to-instructor options
- Access to technical support
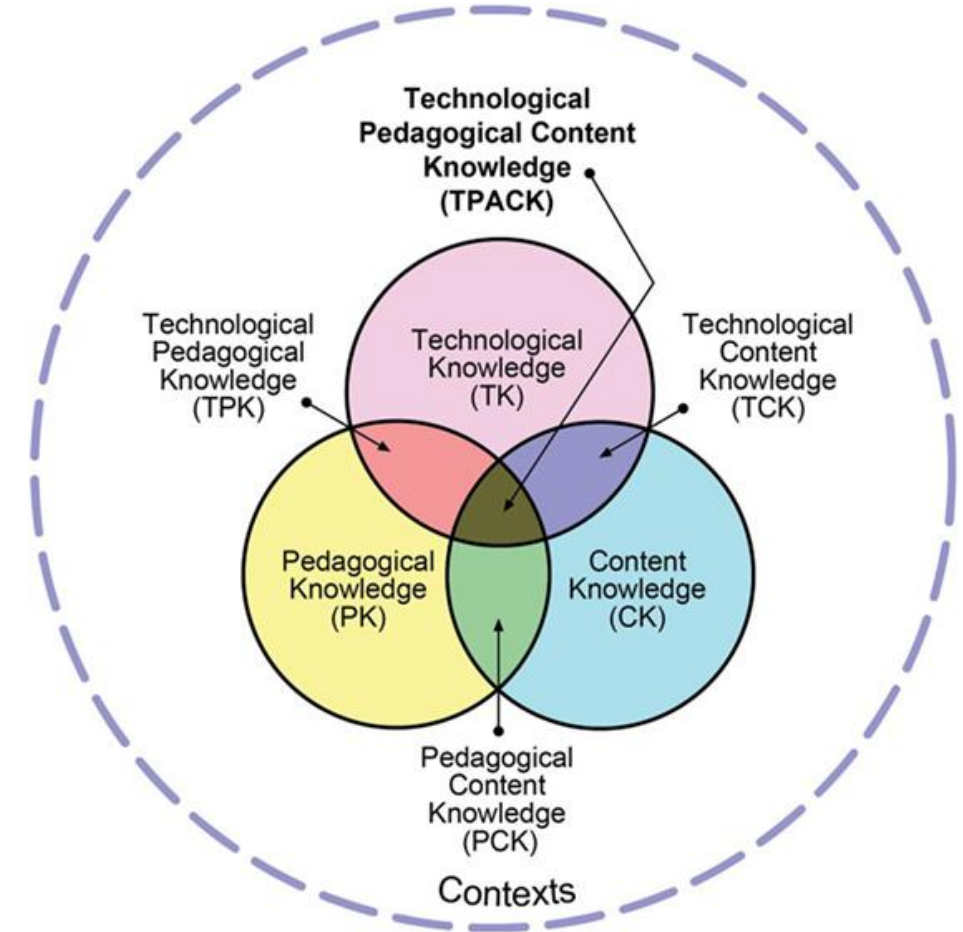
The Technological Pedagogical Content Knowledge (TPACK) model (Mishra and Koehler, 2006).

Examples:

1. Formerly delivered in school settings, *E-LifeSkills Training* is an evidence-based social skills training program that has been adapted recently for web-based delivery at home, in class, or in hybrid learning environments.

2. Adapted from BRAVE, a clinic-based cognitive behavioral therapy program for anxiety, *BRAVE online* offers treatment for anxiety disorders to children and adolescents.

3. *Strengthening Families* is an evidence-based parenting skills training and youth drug prevention program that has been adapted recently from in-person to web-based delivery.

Questions?

Summary

- Yes, adaption is hard work. But we don't have to go it alone. Involve developers, evaluators, beneficiaries, and other key stakeholders as partners in your efforts.

- Follow best practices for adaptation and maintain fidelity to the greatest extent possible to ensure that outcomes are not jeopardized.

- Focus on finding the adaptations that fit best given your specific circumstances.

- Consider how far our field has come in the past many months and how quickly we've adapted – and be proud!

Thank You!

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

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Region 2 PTTC, EDC

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Evaluation

Please take the time to complete a brief evaluation:

https://ttc-gpra.org/P?s=581750

Your feedback is appreciated!

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