Clare Neary:

And within the context of substance use prevention, interventions and planning.

Clare Neary:

Next slide.

Clare Neary:

So again, welcome.

Clare Neary:

Our session is Adapting Substance Misuse Prevention, Improving Effectiveness, and Achieving Better Outcomes. Our presenters today will be Kim Dash, who is a Senior Research Scientist with EDC, Jessica Gold, Training and Technical Assistance Specialist with EDC, and Ivy Jones-Turner, also Training and Technical Assistance Specialist with EDC.

Clare Neary:

And my name is Clare Neary. I'm with the Northeast and Caribbean Prevention Technology Transfer Center and the Rutgers School of Social Work. And I probably email with most of you.

Clare Neary:

Next slide.

Clare Neary:

So just a little technical information, this webinar is being recorded. And following the event, we will share the recording with participants. Please feel free to contact the facilitator if you have any questions or concerns. And of course, we'll also be posting it onto the Northeast Caribbean Prevention Technology Transfer Center website.

Clare Neary:

And the next slide, please.

Clare Neary:

So I just want to tell you a little bit about our presenters. Ivy Jones-Turner is a Training and Technical Assistance Specialist with Education Development Center, or EDC. She is a certified Prevention Specialist and holds an MPA from Harvard University's Kennedy School of Government. For over 20 years, Ivy has provided organizational capacity assistance on mental health promotion and prevention in substance abuse, suicide, violence, injury, and mental health with nonprofit and community-based organizations, state and faith-based agencies, and school districts. Her capacity building skills include program evaluation, training, and TA in program design and implementation.

Clare Neary:

Our second presenter, Kim Dash, is also with Education Development Center. She is a Senior Research Scientist who develops, evaluates, and promotes the use of evidence informed public health interventions. An expert in evaluation, Kim uses qualitative and quantitative methods to assess public

health programs, and policy implementation, and effectiveness. She specializes in evaluation capacity building, and she directed a national initiative that helped 500 community-based organizations design and evaluate innovative prevention programs for underserved populations. Kim holds an MPH from the University of North Carolina, and a PhD in Child, Youth, and Family Policy from Brandeis University.

Clare Neary:

And lastly, on our slide is Jess Goldberg. Jess Goldberg is a Training and Technical Assistance Specialist with EDC. She has nearly a decade of experience supporting prevention efforts at the national, state, regional, and local levels. First, as a community health specialist with the Massachusetts State Technical Assistance system, where she was supporting communities and needs assessment, strategic planning, and create logic models to guide change efforts. And then with SAMHSA's Center for the Application of Prevention Technologies, or CAPT. Jess is also a certified Prevention Specialist, and holds an MPH and an MSW from Boston University.

Clare Neary:

So as you can see, we are in excellent hands. And I think that this experience will be very informative, and very elucidating for all of us. And we really want to encourage you to use the chat and interact with us as much as you would like to, as it will probably enhance how much you're able to take away, and engage.

Clare Neary:

Next slide.

Clare Neary:

And I'll just review our learning objectives for the session quickly. So at the end of this session, we hope that we will all be able to define some key adaptation-related concepts, to be able to list steps in the process of implementing "best fit" adaptations. So what are the different things that we need to do to get to best fit? We'll look at some real-world examples of adaptations to distill elements of success, what are the components that we want to do over, right? Identify considerations for adapting interventions in response to changing community contexts.

Clare Neary:

And next slide.

Clare Neary:

So before I hand off to Jess, this year in particular, prevention practitioners are being called on to be compassionate, flexible, supportive, creative, and adaptable. This past six, seven months has just been a challenge, with a capital C, on so many levels for all of us. The topic of adaptation, and how do you continue to do the work with effectiveness in the current conditions, it seems to be just exactly what we need. So we know that it's been a difficult year, and we're all in different boats in the same storm. And please reach out and connect on this with us. And have a good session.

Clare Neary:

And now I'm going to hand it over to my colleague, Jess Goldberg.

Jessica Goldberg:

Thanks so much Clare.

Jessica Goldberg:

Hi, everyone. It's wonderful to have you here. So today, as you know, we're going to be looking at adaptation, but we're going to spend a good time looking at adaptation in the context of a pandemic. So we just want to make sure you're aware of what's to come, but we feel like we'd be remiss if we didn't also give some theory behind adaptation more generally as a prevention approach, so that you can continue developing your understanding of its ins and outs, both, as it applies now under these specific circumstances, but also how it is more generally done in the field when we have an opportunity to implement our initiatives again in-person, and in all of the more traditional ways.

Jessica Goldberg:

And so we're going to start with a quick poll, which should be coming up now. And we know you'll probably answer this question 20 different ways at least, but we just want to ask that you think of one way that has been significant to your work, that you've been forced to change your activities due to COVID-19. And so we're using the chat box in the lower right-hand side of the screen, and we're eager to see your responses, if you'd like to just put them right in there and send them our way. And we're going to try to shout out as many as we can. But with so many people on the call, we know we're going to be responding on the fly, and hopefully be able to pull out some themes on the fly.

Jessica Goldberg:

So I see responses already coming in. A whole lot of virtual workshops instead of in-person. I see Zoom providing programs to students in schools. Virtually all meetings and events online. So a lot of commonality, which we expected to see.

Jessica Goldberg:

Full staff meeting, so not only some of the outward facing programming that we're doing, but also sort of the inward processes that we have that help keep moving our work forward.

Jessica Goldberg:

Learning how to use these kinds of programs, so there's that capacity building piece as well, so it's not only shifting the work in this area, but we're having to build our own professional capacity in these areas as well.

Jessica Goldberg:

I see specific programs, the Too Good for Drugs program being implemented virtually.

Jessica Goldberg:

Creative engagement and presentations. Again, sort of how we are doing the teaching and educating that we do, and trying to engage people online.

Jessica Goldberg:

These are wonderful responses. So keep them coming. If you have other ideas, or if you haven't had a chance to respond yet.

Jessica Goldberg:

Virtually teaching Blue's Clues style lessons, video, I see. Suzanne, if you are interested in sharing more about that, that definitely piques my interest as I'm scrolling through the chat.

Jessica Goldberg:

I see also a hybrid prevention counseling model.

Jessica Goldberg:

Using telehealth more generally being more common. We're going to talk a lot about this later on in the presentation when Kim speaks.

Jessica Goldberg:

Google Voice.

Jessica Goldberg:

Having to wear a face mask. Yeah, I mean, we are asking for one thing you've done differently, and that certainly is something I'm doing differently this year that I haven't done in years past.

Jessica Goldberg:

Teaching through a puppet show, in particular. Another great example. Jonathan, if you want to say more.

Jessica Goldberg:

I'll ask, and I think we could hear more about each of these examples, but I'll try to call out a few just so we can try to get some dialogue going in the chat. We know, and I'm sure you know, some of the limitations of moving to these virtual formats exclusively, and so we're going to really try to ask you to engage as readily, and as much as you're willing to use the chat today.

Jessica Goldberg:

So delivering programs, supplies to families' homes, trainings online, on person. All of the things that we see coming up, adapting prevention programs to the virtual world, the loss of in-person connection.

Jessica Goldberg:

So beautiful themes coming out. I mean, I think Clare, I love that quote that you shared that, "Same storm, different boats." But we're clearly encountering some of the similar experiences in our boats as we roll on aside one another.

Jessica Goldberg:

Working from home while parenting, and schooling children virtually. I know that must resonate with lots of people on the line today, only recently started resonating with me, although I don't have the school line. He's just five months old, but I have different challenges with that as well.

Jessica Goldberg:

Teaching personal advocacy, Ellen, I see, if you want to share more too, we'd love to hear more about how you've been teaching personal advocacy, and feel like sharing a little bit about that in the chat.

Jessica Goldberg:

I see Suzanne saying that your Blues Clues example is around talking and asking questions without having a response, but acting like the kids are talking back to us. Now that you say that, I'm flashing back to watching blues clues, as probably too old a person to actually be watching Blues Clues myself, but enjoying it a lot. And I remember that question and asking format now that you say it. And then students are able to watch that at any point, so you don't actually have to be live, in-person interacting with them. That's great.

Jessica Goldberg:

I see some challenges also coming through in the chat from Kathy that it's more difficult to collect current data. And some of those other challenges that are coming in and around integrating services, and collaborating, and building partnerships. That is increasingly more important, as Jody's pointing out, due to this increased need for mental health supports.

Jessica Goldberg:

So wonderful responses, and please keep them coming in the chat. I know I was only able to hit a handful of them, but I hope that folks on the line are able to scroll through, and read some of these examples, not only to see your own experience reflected there, but also maybe some ideas of ways to adapt, or address these challenges, or address the things that you've had to do differently that might be useful to you in your own experience as well.

Jessica Goldberg:

So I think I'm going to move us on now so we can into the topic for today's conversation a bit. And so what is adaptation? Here's a definition of adaptation. That's a little jargony, but it hits the nail on the head. And so it's the deliberate or accidental modification, so it could be either, of a program that could include additions, or deletions, or modifications to the nature of the programs components. And you'll see a couple of examples here on the slide, so it could be changing the intensity of the components, or the duration of the components, or when you make changes that ensure that your programs are culturally appropriate. And so we know that implementing prevention interventions with fidelity, and we're going to talk a lot about fidelity in a few moments, but fidelity just means implementing as a program was designed to be implemented. It's really strongly associated with effectiveness.

Jessica Goldberg:

So it kind of begs the question, why adapt at all? Why not just avoid adaptation, and why not simply replicate programs with high fidelity, and thereby not risk having to compromise their effectiveness? And so we have at least three reasons that we're going to put forward as why we want to be able to consider adaptation as a tool in our toolbox as needed. And the first that, as you know, I'm sure, it can be really hard to replicate. We have to have this precise roadmap for implementation, and we might not have one available, or the roadmap that we have may lack some important details that we have to fill in. And you also need to be able to monitor implementation really carefully to keep a program in line with the original plan, and that's not always possible. So we have to be able to have several recourse, and have something we can do and pull out of our pocket if we do try to implement in a program as designed, and a problem develops.

Jessica Goldberg:

So the second reason here is that, sometimes we just don't have available programs or strategies that will fit the conditions that we have locally, our needs as a community, our own individual contexts without needing some adaptation. So imagine you were to look down this list of evidence-based programs, and you saw that none of the programs on the list were testing with a particular population of focus that you wanted to reach. What if the only program that was tested with the same target population was designed for middle school students, and you were hoping to do a program with high school students. And this happens. And so there are many, many evidence-based initiatives that we can implement, but right now, and more and more so every day, as research-based and the knowledge in our field grows, but for now, sometimes the supply is limited enough that you may not actually find one that fits your needs perfectly. And so in that case, you would have to consider adaptation as well.

Jessica Goldberg:

And then the third reason is that adaptation is common. It's something that happens. And that, departures from the original design and delivery of a particular program or strategy are inevitable. I mean, there's one researcher who has been quoted as saying that, "The need to modify evidence-based interventions when they're implemented in certain practice settings is somewhere between common and universal." So it's something that happens, and it's kind of unrealistic really to expect perfect implementation in real-world settings, and that we'll have positive outcomes that could be achieved all of the time, 100% of the time, because we often can't implement with 100% precision. So some changes and adaptations actually can improve the potential of one of our programs, or strategies to hit those positive outcomes. And that is more likely when our adaptations are really carefully planned and executed. And that's what we're going to try to make the argument for here today.

Jessica Goldberg:

All right.

Jessica Goldberg:

And so how does adaptation fit with everything else we do? I think first, we want to define our terms, and see what the connection is between these evidence-based interventions, implementation, and then fidelity and implementation, and adaptation. So you know that evidence in the context of evidence-based is really that we know that the intervention works. We know that an intervention is going to change the risk factors that influence our substance use and misuse problems. We know that these interventions have been evaluated with quality, and more than once, so we know that they replicate these positive effects over and over again when you implement that appropriately.

Jessica Goldberg:

So implementation is really a process that's purposeful, and that's described in such sufficient detail, that an independent observer can detect the strength and presence of a specific set of activities. So when we're implementing something, we know what we're doing. There is that roadmap, or recipe for how it should be done. And so you're performing, carrying out, putting into effect this plan of implementation when you're implementing one of your strategies. And so then there's this choice, in some cases anyway, whereas to whether to replicate that specific set of activities, and implement the intervention with fidelity, or whether we need to adapt. And we heard already adaptations can be intentional or accidental. When they're accidental, we're not planning for them, they just happen. And they're sort of challenges to fidelity. When they're intentional, and we plan for them, we then consider

how they might impact the effectiveness of our intervention, and how we plan to evaluate that. And that's when we're really adapting.

Jessica Goldberg:

And so the example on the screen, if we implement our evidence-based process for creating chocolate chip cookies, which I think we should, you would implement this recipe as design. We could reasonably expect to replicate chocolate chip cookies through the process, but if we made any changes to the recipe, and depending on the types of changes that we make, adding or taking out gradients let's say, we'd have a very different outcome and couldn't count on the cookies being chocolate chip, or coming out the way that they're intended, if that makes sense.

Jessica Goldberg:

And so what do we adapt when we adapt in prevention? So we adapt the programs, the set of predetermined, structured, and coordinated activities. We adapt our practices, which could be approaches, or techniques, or strategies like implementing an environmental strategy, or using key informants, or one-on-one meetings to collect qualitative data. So a program we know can incorporate different practices, and we can create guidance for implementing a specific type of practice that could be developed and distributed as a program. So those are different, but related.

Jessica Goldberg:

And then we also in prevention have many different types of processes in our work, like the process for how we develop a logic model, or a sustainability plan, how we recruit and onboard new coalition members, or our meta process that guides all of our efforts, like a data informed planning process like the strategic prevention framework. And so during our call, you gain lots of things that you're doing differently in your work recently, and they would fall into one of these categories. It doesn't, in my mind, necessarily matter which category and activity it's in until you begin the process of adapting it. So programs are going to tend to have more prescribed activities very often, so adapting them can have ramifications on your outcomes. Whereas processes may vary by coalition, or agency, and adapting them may or may not impact your outcomes.

Jessica Goldberg:

We'll talk a lot about program adaptation generally for the rest of the discussion, but we just wanted to make clear that we know how flexible basically our field is in all of these different areas of our work.

Jessica Goldberg:

And so why adapt? Lots of good reasons. Here are a few examples, issues that could prompt the need for adaptation. Time is a big one, always at the forefront. I'm thinking about trying to implement or fit a program within a school day bell schedule, and what might happen if there was a fire drill, or snow storm during a scheduled lesson day under normal circumstances when we were in-person.

Jessica Goldberg:

Cultural considerations are also really significant. Like we said, new programs may have been developed in an urban community with maybe primarily African-American youth. And you might be in a more rural setting with primarily Caucasian youth. So thinking about that cultural fit, it becomes really important. A program may also have been developed as being implemented by maybe master's level social workers, whereas you could be relying mostly on volunteers that don't have those types of advanced degrees.

That may require some adaptation. And you may implement a strategy, maybe in collaboration with a partner, let's say, compliance checks, or party controls with police, but if their ability to participate changes, you might need to change how you conduct the strategies, and adapt them to make it more likely that partners were implemented effectively.

Jessica Goldberg:

And then unforeseen events. We want to just acknowledge that we're talking today about adaptation in large part to reflect that we are all experiencing these differences in implementation, and these existed before COVID, but certainly have been exacerbated by what's going on in 2020. So these are all good and important reasons why we want to consider an adaptation.

Jessica Goldberg:

And so what are some of the most common types of adaptations that you can make to evidence-based prevention? So what it changes to the content of an intervention is definitely one type. Some aspects of content might be really essential to the outcomes of particular intervention, and Ivy's going to talk more about that in a minute, and those shouldn't be changed. So when we're talking about making changes to content, we need to be super careful about making those types of changes.

Jessica Goldberg:

When we talk about how, we're really thinking about the how of a particular intervention, or a particular component. And this is one most common types of adaptation that are made, it involves changing the delivery mechanism, or the methods by which the information is communicated. We try to avoid these types of changes, but would need a very good reason, or rationale for why we would do it. Things like the number of sessions, the order of sessions in a program, the materials used, or the delivery method, or the frequency of sessions are some examples.

Jessica Goldberg:

So changes to whom the intervention is delivered is also pretty common. It's really about audience. So you think about the population of focus, their age, gender, locality, ethnicity, or the number of participants in a program, and then also how their people are recruited or retained, and in different strategies that are used to engage participants.

Jessica Goldberg:

The who delivering the component or intervention is also another common type of adaptation. So you'd be looking at changes to the number or type of staff and volunteers, and the types of trainings they have, their characteristics, and how they're recruited and retained as well.

Jessica Goldberg:

And then finally, where intervention is delivered, it can also be changed sometimes, so the setting or location, again, from urban to rural, or vice versa, or from schools to a community-based setting are-

PART 1 OF 4 ENDS [00:23:04]

Jessica Goldberg:

Or from schools to a community-based setting are just a couple of examples of how we make adaptations when we do. And then here are a few quick examples of different types of adaptations. And so first off, the traffic light adaptations like we like to call them are green, yellow, and red, and then you increase in terms of their intensity. And so green light adaptations are safe generally, and they're encouraged changes to activities to better fit the age or culture or context in the populations served. They are minor, right? They may help you increase your reach, the receptivity and participation of participants, and are sort of those minor adaptations.

Jessica Goldberg:

Whereas yellow light adaptations, you want to proceed with caution, same way that you were on the road. Definitely consulting experts in evaluation or behavior change theory or the curriculum developers is usually very recommended. And then red light adaptations are unsafe and should be avoided since they'll compromise or eliminate one or more of those programs of key components that we're going to talk more about that in a minute.

Jessica Goldberg:

And then we have those cultural adaptations, which are really kind of systematic modifications made to an intervention so that it's more compatible with particular populations, cultural patterns, meanings, and values. And there's a handful of examples we'll just run through on this.

Jessica Goldberg:

And so a green light adaptation might be making activities more interactive, different learning styles, or customizing, making some small changes to the content is I guess an example of customizing statistics. Yellow lights would be sort of changing out some information in a program, for example, or changing the session order or sequence of activities. And then red here to be avoided is really about kind of cutting, shortening a program, reducing or eliminating activities.

Jessica Goldberg:

And then we wanted to highlight just a cultural adaptation from our own experience, which was when our organization tailored different activities and instructional methods to a particular culture when we took the Substance Abuse Prevention Skill trainings, which many of you may have taken or be familiar with, and tried to make it more of a cultural fit for Native American populations by incorporating elements of that culture, of having an opening prayer, for example, as part of the curriculum.

Jessica Goldberg:

And so those are just some quick examples. And with that, I'm going to pause here because we want to go back and make sure we unpack this relationship between adaptation and fidelity. And for that, I'm going to turn this over to my colleague, Ivy. Ivy, over to you.

Ivy Jones Turner:

Hi. Thanks, Jess. Okay, thanks so much. And so, as we think and talk a bit about the fidelity and adaptation aspects, I think there are a couple of things that we'd like to highlight in particular. We recognize that fidelity and adaptation, as Jess has kind of quickly giving us an overview, is that when we think about adaptation, we're really thinking about what are those modifications or changes to an intervention so that it fits or more effectively responds and meets the local needs as it's replicated? But

as we think about fidelity, we're thinking about how true we are to the both intent and the process for an intervention.

Ivy Jones Turner:

Both of these are two aspects of implementation that every implementer is going to consider at some point. And so, as Jess noted, we're going to spend a little bit of time talking a little bit more about how these are related both to one another and why they matter so much.

Ivy Jones Turner:

So in particular, as we make adaptations, do we really need to assess fidelity? Is there a difference between ensuring fidelity and making adaptations when we're trying to ensure that our efforts are still able to reach the intended outcomes? So we'd like to hear from you, using the chat, a few comments or examples of how you have encountered a situation where it's been important to follow directions.

Ivy Jones Turner:

Ah, the very first one is one that I've never tried because I'm a little anxious about what the directions are and what the steps are, and that's changing a tire. Exactly. If I don't do it in exactly the right order, I do not only risk injury, but possibly even some greater level of injury. We see folks noting cooking, examples of assembling things like assembling a shed. Ah, CPR is another great example. There is a process and an order to how those steps are done in administering CPR. Medication, taking medication and following treatment, yes. And for those of us who've ever put together.

Ivy Jones Turner:

Ikea or any other type of Sauder furniture, we know that there is definitely not only a proper order, but a very important reason to make sure that you spend some time getting familiar with what the directions are before beginning even the first couple of steps. Getting into a website, fire drill plans, recognizing that fire drills, yes, those as well not only have important steps for their process, but also it's really key that we practice those steps. And that's the reason why we practice those steps, especially with young people, so that it becomes second nature, that it's automatically done. Any other emergency response plan is very similar to that.

Ivy Jones Turner:

Ah, for many of you, I see someone has noted that there is an example of getting a flu shot, that yes, it is very important to make sure that we're taking our flu shot properly. We don't want the person administering the flu shot to wipe our arm with the alcohol after having administered the shot. There's a key reason for the steps of that process. Writing notes, yes. Great examples that are coming in.

Ivy Jones Turner:

And we also see some examples where there's a little bit more flexibility as well, where there's an opportunity to incorporate yes, some very rigid directions that we want to make sure that folks follow, but also some directions or some steps that might have just a little bit more flexibility.

Ivy Jones Turner:

So why don't we go on and move on to our next part of thinking about this, in particular, talking a little bit more about, well, what do we mean by fidelity? And you'll see on screen a definition that's been

adapted from the Substance Abuse Prevention Skills Training course. We've expanded it just a little bit here to really emphasize the role of research as part of this. And so we're going to talk about fidelity as both the degree to which the program, a strategy or a model is implemented as the developer intended, and, we're going to include as part of our exploration today the way that research shows it's effective.

Ivy Jones Turner:

As we really think about and talk about the conversation of fidelity today, we're going to talk about the effectiveness, the important of research on the effectiveness to be part of our conversation. So as we think about adaptation, we're usually focusing on how closely we follow the directions or the guidance of the program developer on implementing the intervention itself. What's the guidance that we follow? How closely are we following with fidelity to the directions, to the steps to the process of the intervention? It's the how and the what of the program that we're trying to follow.

Ivy Jones Turner:

But we also want to think about how this adaptation that we're making is in line with the research. And you can maybe think of this as considering both the letter of the intervention and the spirit of the research, balancing both of these. For example, and we'll talk about several examples throughout today's conversation, with the botvin Life Skills Training Program and with Second Steps curriculum, you may know that there are lessons on goal-setting. Fidelity within these curriculum might include delivery of these specific lessons exactly as written out, even as you might consider shortening or eliminating a session because maybe you'll find that future sessions really scaffold or build on the importance of a youth and the attendees having those goal setting-skills. So those would be an example of how you want to follow the letter of the intervention and not eliminate those particular curriculum sessions.

Ivy Jones Turner:

Fidelity to the research might also emphasize delivery of the goal-setting skill sessions given our knowledge and our learning from the research that goal-setting and a future orientation is a more effective method than using scare tactics to prevent youth substance use.

Ivy Jones Turner:

So in those cases, not only do we want to keep the goal setting curriculum sessions in as part of what we deliver with those particular curriculum because it fits and it is a scaffolding or a very baseline skill that future sessions will build on, but also, we know from the research that that kind of goal skill development, as well as that future orientation, are really key.

Ivy Jones Turner:

And so, in prevention, some of what we might consider are how to balance both the fidelity and the adaptation, what's necessary and what's required in order to be effective. Sometimes we think of this as the efficiency and the effectiveness questions. We always strive as prevention professionals to be efficient within the context of our interventions. We are going to think very strategically about how we might look at the curriculum, look at the activities, look at the different sessions within a program as we're implementing, to make sure that we're eliminating, or we're ensuring that as we deliver the curriculum sessions, we're not including a lot of additional fluff or a lot of additional activities that aren't necessary to the intervention. That's part of being efficient. But we also want to make sure that we're considering that within the context of the fidelity to the initiative to the context that's local to your situation and to the research itself.

Ivy Jones Turner:

So there are four key aspects of fidelity that we want to consider in determining adaptations. There are changes to the delivery, whether it be the number of sessions or the length of the sessions, and making sure that we're looking at the delivery to the right people in the right setting. Who is that intended audience, whether it is delivered in an individual or a group format. Paying attention to the quality of delivery, assessing the content, the relevance, or making sure that the curriculum materials are made relevant, the usefulness of the curriculum as it's delivered.

Ivy Jones Turner:

We're also going to be paying attention to whether or not we've got a well-trained and capable facilitator who's able to pivot with the appropriate examples for delivery throughout the session as they're delivering or implementing the intervention, as well as making sure that the facilitator receives appropriate coaching and feedback support.

Ivy Jones Turner:

And then fourth, we're paying attention to the fidelity and that the intervention is delivered as designed, delivered in the proper order. Session three follows session two, which follows session one. Making sure that we're using the appropriate format. If it's skill-based, that maybe there's, or ensuring that there's an opportunity to practice the skills, that there's interaction, that there's discussion. And we saw some comments folks had provided earlier in terms of thinking about some of the adaptations that you're exploring and thinking about,

Ivy Jones Turner:

We know that for many of these evidence-based interventions, they're going to provide tools for implementers and facilitators to assess the fidelity or how closely they're following implementation, making sure that those are ways that you know whether and to what degree you are more likely to achieve the outcomes as you anticipate because you're following the intervention with fidelity.

Ivy Jones Turner:

These might include some checklists, or they might include reflection questions for the facilitator about their delivery, about the quality of the delivery, about the amount of the curriculum session that they delivered or amount of the interaction that they may have incorporated as they delivered. They'll include maybe observation forms to assess the quality of delivery by a facilitator or by the implementer.

Ivy Jones Turner:

All of these kinds of program tools are very familiar to many of you already, and they're probably even included as part of your own process evaluation methods. It's part of your assessing the implementation or the delivery of the curriculum. I'll just note that this is I think in terms of where and how and why we want to think very strategically about not only as we are implementing our interventions even without major interventions, excuse me, even without major adaptations, we want to be sure that we're paying attention and documenting fidelity, as well as thinking about how we want to document fidelity as we go forward.

Ivy Jones Turner:

And so, moving forward to this next section, we want to think about some of the elements of fidelity, in particular, you recognize that there's a whole spectrum of fidelity requirements. There are a number of things, for example, like making a souffle. Several folks referred to cooking as an example. I've never made a souffle, but I know that you have to follow the directions exactly or it won't turn out. It's very delicate and it's very exacting. If you think about with your interventions in your programs, some of them, there are going to be elements that are going to be very much core to the core components of the intervention that are going to be much closer to what you need to do in order to accomplish the outcomes that you've outlined, very much similar to building or baking a souffle.

Ivy Jones Turner:

On the other hand, there are examples such as making an omelet. There's a lot more flexibility that you might have in terms of maneuvering with the omelet. There are lots of different things that we can include. There are lots of different things that we can take out and modify, but there are two key requirements that you have to do in order to make an omelet. It has to include eggs, and it has to be cooked.

Ivy Jones Turner:

The basic level that we're talking about here is the core components of an intervention. They're the basic level or the fundamental level of a program that lead to the outcomes. Just like with these recipes, whether it be a souffle or whether it be an omelet, we really need to identify what those core components are of our strategies in order to understand the most essential and indispensable aspects. Those core components are the logical mechanisms or the building blocks of the change process. They are, in essence, the DNA of the intervention. They're going to address three key components, the content and actually what's delivered, the delivery mechanisms, or the way that it's delivered, and then the methods.

Ivy Jones Turner:

These are all interventions that have clear components like some of our curriculum programs we've mentioned, botvins, Life Skills. We've also mentioned Second Step. They have some clear components that are included, such as the curriculum materials. There are also some interventions that have a more moderate level, a middle ground of being able to modify some of the core components, excuse me, very clearly prescribed core components, but that there are some components that have been identified as not part of the core, and those might be some of the environmental strategies. Pax Good Behavior Game might be an example of that. Policy as an environmental strategy is an example of that.

Ivy Jones Turner:

There are also some approaches that you might have for your interventions that allow a lot more flexibility around some of the core components, and that is thinking about how you build coalitions, how you engage your partners. Again, all thinking about the letter and the spirit, both of the intervention and the research.

Ivy Jones Turner:

So as we think about some of this, I'd like to highlight one other example in particular is with strengthening families. And for many of you, we've already talked about some of the examples that you've encountered as we've moved to the COVID experience that we have right now. In particular, we have been thinking about how you might adapt with fidelity and ensure that you are balancing both

adaptation and fidelity. And so, what that means... Oops, let me go back to the slides. It looks like it just flipped out of the slides. Okay, here we go.

Ivy Jones Turner:

When you're adapting with fidelity, you want to incorporate or you want to be sure that you're paying attention to both culture, as well as some of the local needs, recognizing that as you make modifications or adaptations in those areas, you want to ensure that you are keeping track of how fidelity to the core components is being ensured. And in particular, the more that you make adaptations, the more that you want to ensure that you have a more rigorous and consistent way of tracking your process in valuation data.

Ivy Jones Turner:

I'm going to turn it over to Kim Dash now who's going to talk a little bit more about some of the strategies in particular in exploring this.

Jessica Goldberg:

Thanks, Ivy. This is actually Jess jumping in. I just have a few slides to share before I hand it over to Kim. But thanks so much for that. And you're absolutely right, now we're going to look at adaptation and action now that we've taken a little time to develop a solid grounding in the theory of fidelity, adaptation and replication.

Jessica Goldberg:

So, before we do that, we're going to ask you to reflect on your past experience with adapting interventions. So think back to your work before last March, and some of you have already shared this. So if you have, feel free to mention it again, and if not, feel free to share what you've done, any steps that you had taken to adapt programs and strategies pre-COVID. So we've asked these more broadly about anything you've done differently in your prevention work of late, and now we're going to ask you to just hone in on specific programs or strategies that you've adapted. And if you have, let us know what you changed and why you changed them.

Jessica Goldberg:

And so we encourage you to have folks put their responses into the chat box on the lower right, and look forward to seeing some of those additional examples coming in. I see live skits from a particular program are now being done by video as an example, which is a great one. Others are I think writing and putting some thoughts into the chat. All right, so more SEL focus. So building in, it looks like making some of those additions which we know are the better practice and adaptation, adding some SEL-related content in classrooms. Making sure you're continuing your prevention classes via Zoom, adapting scenarios used in trainings to appeal to target audiences. So Jennifer's sharing more of that cultural adaptation we mentioned a moment ago, updating some examples from different programs maybe to make them feel more up to date, more true to life right now, or true to the world as it is in the current moment.

Jessica Goldberg:

Role playing, including vaping. I was wondering if we might see anything around vaping because we've had a lot of conversation about vaping over the last year, as many of you I'm sure have as well. So when you're talking about tobacco use, also including vaping, combining sessions, because a partner, these

schools can only commit to a certain number of lessons, right? And so that's one of those adaptations that are a little more intensive need to be done very carefully. But like we said, sometimes your partnerships are what make it possible to implement a certain strategy and sometimes your partners aren't able to commit to doing it exactly as designed.

Jessica Goldberg:

Seeing lots of themes relating to that virtual work, maybe more group work amongst students maybe to adapt to different learning styles and working with I Can Problem Solve, adding different materials to that.

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Jessica Goldberg:

And working with I Can Problem Solve, adding different materials to that program, adding videos to enhance lessons, and adding time for discussion. Right? So, some of these being more like the green or yellow-type of adaptations that are a little less risky and that teaching goes to making those kinds of changes. Updating content around social media and vaping. Again, another theme arising. Leading by example, doing as I said, these are great. Keep them coming. Som a circle discussion following informational presentations.

Jessica Goldberg:

I see a lot of additions to programs or strategies that are already in place. Making your activities more interactive. One of those green light types of adaptations that can be done with relatively little risk. And then, before COVID, Brian sharing that, again, virtual meditation sessions as a way to increase health outcomes, which sounds really interesting. These are wonderful examples. I know there's probably many more, but now we're going to talk around the nitty gritty of adaptation and action. And so, we wanted to couch that conversation in what you're doing in the field, to make sure the hope we share feels really relevant to your work.

Jessica Goldberg:

Okay. So, we clearly have a lot of experience of adaptation on the line, and so as many of you know, the first step is deciding whether or not to do it. So, to adapt or not to adapt. There's pros and cons with either decision, and some we've already addressed during today's call. But if you plan to replicate, you know what is expected of you usually with programs. There are clear guidelines and activities for you to follow. But the program is not going to be one size fits all, and it may have been designed for different populations or settings that definitely might not meet the needs that you've identified for your population needs.

Jessica Goldberg:

And so, feasibility can also be another issue with replication. You might have a program or strategy that's too expensive to implement as is. For example, and so unless you're willing to consider adapting, and it could become then an all or nothing proposition. As far as adaptation goes, you might enhance your feasibility or better meet your audience's needs if you were to adapt, but there's a trade-off. You lose some of that likelihood of achieving the expected outcomes of the program. So, it really becomes a balancing act as to what your goals are and whether you can achieve them by implementing a program or strategy as is, or if some changes need to be made.

Jessica Goldberg:

And so, if you do decide to move forward with an adaptation, or if circumstances make the decision for you, as they have in 2020, here are some guidelines to consider. So, first thing we can't stress this enough is, to consult with the program developer, if at all possible. Developers actually love to hear from us. They've had lots of experience with other communities, other entities implementing their programs, and so can advise about different types of adaptations and what their impact might be on outcomes. We also want you to retain those core components that Ivy just walked us through. Again, your developer, a good evaluator, someone with this type of expertise in evidence-based interventions will be able to help you and advise you on what the core components of a program or strategy might be and how to ensure you're retaining them.

Jessica Goldberg:

We also want to encourage you to think about changing capacity before you change an intervention. So, if you could increase your local capacity to deliver an intervention, maybe through some training or technical assistance or mentoring, it's definitely a safer choice than changing the intervention itself. So, for example, if guiding good choices facilitators were uncomfortable with role-playing, maybe we could provide them with some technical assistance and some time for practice so they'd be more comfortable using that method, rather than letting them to lead the role-playing would be a better approach. And so, we've heard a little bit about this. You've already said adding activities, which may increase the length of time that an intervention is offered, or even adding some content is definitely safer than modifying or subtracting from it, so that way you won't accidentally remove those core components.

Jessica Goldberg:

And then, you also want to just be really intentional, to be following and adhering to evidence-based principles, describing the exact adaptations or changes that you want to make to content delivery method setting, whatever the case might be, and you want to document it so you can then include it in your planning materials, your planning documents, like logic models, and be able to consider how that adaptations might impact your outcomes, in effectiveness of the intervention. And again, an evaluator can be really helpful in figuring out how adaptation could impact effectiveness. And so, you're monitoring, you're evaluating the adaptations you make, you're thinking about checklists or instruments to measure what you've done, to be able to include them in your process evaluation plan, so that you can assess the impact of your adaptations. Thinking about how you can collect data, qualitative data, for example, from implementers and program participants to help monitor and assess the effects of the adaptation.

Jessica Goldberg:

And let others know what, if any, impact that adaptation has had so that we can contribute to that collected knowledge in the field. Right? And program developers, other communities who might be implementing the same prevention are going to be interested in what happens via your adaptation. And for all the reasons I already mentioned, too, we want to just know that you have to be thoughtful about any cultural adaptations and be sure to engage members of the population that you're trying to reach in every step of the process as you had to have.

Jessica Goldberg:

So, as far as planned adaptations goes, again, consult with the developer, and then with unplanned adaptations, we want to stress the importance of doing that and it also in retaining core components, as

well. The key difference here is expecting the unexpected. And so, no one can read minds or predict the future, no one that I know of, but we have to assume there will be snow days, we have to assume there will be these unforeseen events. So, making sure that we have makeup sessions scheduled, making sure that everyone involved has the proper training they need, there's proper staffing, maybe having people as backup to step in if those with certain necessary roles are able to keep their commitments for any reasons. And again, to make sure that all throughout this process, when we're doing these unplanned adaptations, you keep your eyes on the impact of any changes or course corrections that you made and be able to document that for the future.

Jessica Goldberg:

And so, we've turned this slide into a handout, I just want to say, because I know it's a little challenging to read, and we will be sending out the handout after the webinar, in addition to the slides. But just like with any evidence-based initiative, it's really best practice to ensure that the adaptation that we're trying to implement is a best fit for our community, for our agency, or whatnot. The best fit is really about making sure that the adaptation is relevant, it's practical, and it's also shown to be effective.

Jessica Goldberg:

And so, what does that mean? So, relevancy is really around demonstrating conceptual fit. So, you're wanting to be able to show that conceptual alignment, a logical alignment, between the intervention, the risk and protective factors that it's trying to impact, being able to implement the intervention across different life domains, and to make sure the intervention is really reasonably expected to achieve those positive outcomes that you want to see in one or more problem area. And so, choosing that right intervention and making sure it's conceptually linked across your logic model, across your theory of change in your community, is how you would demonstrate that it's a relevant adaptation.

Jessica Goldberg:

As far as being a practical adaptation, you're looking at something called practical fit, which is really around feasibility and synergy. So, is it feasible for your community to implement this adaptation? Do you have the resources, the readiness, the capacity to do so? And how does this intervention fit? How does this adaptation fit any of the other strategies that you're implementing in your community? And does it bring an add value to the work, or is it duplicative of other things going on in the community?

Jessica Goldberg:

And then, finally thinking about effectiveness and you're looking for the evidence of effectiveness, and so we want to choose to do something, make an adaptation that is well-grounded in theory or data or the judgment of a group of informed experts or leaders in the community who believe... For example, if you're making a cultural adaptation, that these changes that you propose to make are really going to improve the effectiveness of the intervention. And so, the best fit intervention and adaptation is going to be part of your overarching prevention plan and it's going to fit nicely, fit on all of these different levels with everything else that you're working on and everything else that exists within that plan. And so, this diagram is really describing both the process that can help you select adaptations that fit with your community, and also a criteria to use when selecting them. And again, we're sharing this out to you, so you'll be able to keep it and have it for your reference. Right?

Jessica Goldberg:

And then, we just talked through some of the checks on the slide, though we do have a great handout to accompany this slide that walks through these different considerations for adaptation, so you want to keep in mind the strategy checks of relevance, practicality, and effectiveness we just talked about. Keep in mind those utility checks around the population of focus, cultural fitness, the implementation setting, intervention setting, and make every attempt to preserve the setting, if possible, since it can be unrealistic or impossible to make an intervention that's designed for one setting, for example like schools, appropriate for a different setting. Maybe health clinics. So, you want to make sure that you have the setting correct and that you have the appropriate resources and capacity to support your implementation.

Jessica Goldberg:

In the feasibility piece, if it's not possible for your organization to implement or take something on at this time, or if the community is not ready or has competing priorities, it doesn't matter how you adapt the strategy, it's not going to be successful. And so, this is just something to keep in mind as you're running through your adaptation process. The handout that we're going to share is excellent in that it walks through these and many other considerations to keep in mind, so we'll make sure that you have that and can access that after the close of the webinar.

Jessica Goldberg:

And then, finally, what happens after adaptation? So, once a coalition or organization agrees an adaptation is needed, the groups should be in consultation again with developers, evaluators, and their stakeholders. And then, there's a few things that we want to suggest that they consider. So, does their logic model, does the logic model reflect the adaptation? If not, can it be updated quickly and easily so that the evaluation plan reflects the adaptation and you can then also update your processes or instruments for data collection? And also how you all go about assessing implementation fidelity for the implementation fidelity for the program, and then tracking the changes that you've made via the adaptation.

Jessica Goldberg:

You also want to be thinking about beginning to collect process data that will be needed to assess the impact of the adaptation and to begin analyzing outcome data as soon as there are any available. You may need to step up again the qualitative data collection to monitor the effects of adaptation in particular, and consider having your evaluator or whomever on your team oversees those evaluation efforts evaluate more often. Right? So, instead of collecting data by yearly, maybe, they'll need to be thinking about looking at data more like on a quarterly basis. And then, also, to be in communication with key stakeholders to let them know what, if any, impact making that adaptation had.

Jessica Goldberg:

So, just a few things to consider about what happens following an adaptation under normal, under typical circumstances. And now, I'm going to turn it over to our colleague, Kim, who's going to tell us a little bit more about what adaptation is looking like in 2020, so Kim? ... And I think Kim is just getting un-muted right now.

Clare Neary:

Yep.

Jessica Goldberg:

Oh, there you are, Kim.

Kim Dash:

Yeah, I'm here and [crosstalk 00:58:45]. I think everyone saw my note like I cannot unmute. I have been muted by our event producer. So, thank you for unmuting me. So, hi everyone, and thanks, Jess, for that segue. Yeah. I'm going to talk about adaptation in a COVID-19 world, and what I'm going to try to do is tie together a lot of what's already been talked about in terms of adaptation and fidelity, and I think you'll find that many of the things I'm about to say, or will be saying, validate a lot of what you all have noted in the chat. I mean, there are a few twists and turns along the way and a few new things I think I'll be mentioning, but for the most part, I think it's likely to be pretty validating.

Clare Neary:

So, as we know, COVID is really on our minds, it's front and center, and we're thinking about how we adapt programs during the pandemic amidst all the measures that are designed to prevent the rapid spread of disease and to reduce inundation on our healthcare system. And namely, and please forgive me for over-simplifying, these measures primarily prevent or limit delivery of programs in-person or face-to-face. And again, many of you noted this, we're moving to a very virtual world.

Kim:

So, let's flash back to this earlier slide that showcase types of adaptations made to evidence-based programs. For the most part, adaptation during the COVID-19 pandemic focuses on how, by whom, and where interventions are delivered. Delivery mechanisms are mainly virtual or remote, rather than in-person. Although, we're still able to conduct some of our business in-person, but we are limited. In some cases, we've come to rely, not just on people to deliver programming, but also on automated systems, machine learning and artificial intelligence, to complement or supplement interventions that have traditionally been delivered face-to-face or even remotely with a live person.

Clare Neary:

So, for example, there are things like chat bots that provide motivational interviewing and cognitive behavioral therapy using artificial intelligence to counsel individuals who are experiencing symptoms of depression. In terms of settings with virtual delivery, interventions or programs can be implemented almost anywhere, but these days they're delivered most often in our homes via computer or smart phones. And that comes with a whole host of issues, of which I'm sure you're all aware. I think I've appeared in many of my daughter's Zoom classes and have had the dog bark through many meetings. And those are mild situations

Clare Neary:

So, to review what forms these digital adaptations are likely to take, I'm going to reference the World Health Organization's classification here, and this is classification of digital health interventions. You might consider whether to adapt what you are doing so that it has more of a virtual or digital presence, or one of the things that hasn't been mentioned so far is that you might just want to replace what you're doing with a tried and true digital intervention. So, again, just, and Ivy forgive me if I'm going rogue, but I think in some cases, it may be better just to pick something else that works rather than make a tremendous amount of adaptation. And perhaps we can talk a little bit about that in the question and answers.

Clare Neary:

So, while many of these digital interventions may seem very clinical, you should know that they do have implications for much of the work we conduct as substance misuse prevention professionals. So, for example, depression and anxiety are risk factors for substance misuse among young people, and when considering that some schools offer multi-tiered systems of support, which are based on students' needs, school mental health counseling can be delivered by a tele-health to those students who are at increased risk or showing signs of depression and anxiety. Of course, these numbers may increase during COVID, placing additional demands on school staff.

Clare Neary:

So, really, I noticed that some of you are using the term tele-health. I saw that appear in the chat. I think others may be much more comfortable with online coaching or online counseling, but I just don't want us to get hung up on the terminology as being overly clinical because tele-health approaches can actually be used to deliver prevention services. Provider-to-provider tele-health is a type of technical assistance or coaching that is offered virtually to help individuals deliver programming with which they are unfamiliar. You may have heard of Project Echo. Project Echo is an example of this type of digital intervention, where individuals who are experts in a particular type of therapy or intervention or program train others on implementation as they monitor newly trained individuals while they are implementing aspects of that program. I'm sure you've heard this term. It's a kind of hub and spoke set up where the hub includes the experts and the spokes are institutions, organizations, or individuals who are learning the new program.

Clare Neary:

So, for example, Project Echo methods are currently being used to train nursing home staff on COVID-safe practices, and Project Echo has been applied to training providers to better manage pain and reduce opioid overdose risk. One application for substance misuse prevention may relate to professional development regarding how to integrate something like social and emotional learning into daily instruction, given that there may not be time during the school day for prevention programming that focuses separately on these competencies. And in fact, I did see someone note in the chat that prevention programming has been cut because the school day has become compressed. There are concerns about the amount of time that students spend on Zoom. And so, in addition to thinking about adaptations we might make to prevention programs, we might want to work with educators to think about adaptations that could be made to existing instruction that would better integrate some of the themes and competencies we see emphasized in substance misuse prevention programming.

Clare Neary:

Decision support tools have been used in clinical settings to promote shared decision making between providers and patients, and they've also been used for prevention purposes. So, for example, I've worked on a few research and demonstration projects at EDC, where we developed audio CDs. I know it's already old technology, but these CDs, these were for parents and their adolescent children. And so, they would listen to them together, and the purpose was to promote healthy behaviors, such as saving sex for later and preventing substance misuse or drinking and driving. These audio CDs were informed by theories of behavior change and modeled conversations that parents could use with their children to talk about difficult topics, such as substance misuse, puberty, changing bodies, sexual behavior.

Clare Neary:

And we developed these CDs originally because schools were telling us how difficult it was to get parents to do anything in-person, to attend workshops or trainings, and there was this great need to be able to better integrate just in time education on the go, in the home, between parents and their adolescent children. And we actually conducted some rigorous evaluations of these audio CDs, which were delivered remotely, and found them to be effective in reducing some risk behaviors.

Clare Neary:

All right. I got to get used to this moving on to the next slide. So, I think most of us are familiar with targeted consumer and client communication strategies that are delivered virtually. There are already many substance misuse programs that operate online using this kind of targeted communication. For example, screening brief intervention and referral to treatment, which someone mentioned earlier, for those with problem or risky drinking, and now even cannabis use, has been converted to digital platforms in many settings, especially for adults and young adults. You may have heard of e-CHUG, which combines personal assessment of drinking behaviors and tailored feedback based on those behaviors, and then it's compared to results-

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Clare Neary:

Based on those behaviors and then it's compared to results and others' drinking habits. And then there are also other online programs that combine these types of assessments and feedback with online motivational interviewing techniques and goal setting to guide behavior change.

Clare Neary:

Again, these online programs have been proven effective through fairly rigorous evaluation methods. As for the provision of educational content online, there are also some examples of web based or computer based promising programs to prevent substance misuse that have been found to reduce risk factors for smoking among fifth and sixth graders. They're associated with reductions in smoking and binge drinking among LGBTQ adolescents and reductions in alcohol, marijuana and prescription drug use among adolescent girls. All of these are multi-session and are designed to allow for skill, demonstration and practice.

Clare Neary:

When it comes to mobilization and collaboration for change, we have had to increasingly rely on social media. Now, while social media comes with its own host of issues around the propagation of rumors and falsehoods and concerns regarding privacy, it still provides a kind of virtual meeting room where we can plan and [create 00:01:48]. And even better, social media platforms allow us to meet and plan when we are online together, or when we're apart or asynchronously.

Clare Neary:

As for communication campaigns that aim to reduce substance misuse. Many of these have already moved online to social media and they do this by applying some of the same lessons learned from developing on the ground campaigns. You need to segment your audience, you need to seek input into what appeals to that audience. You need to know where and when to reach your audience, which social media do they use and how do they use it? And you want to avoid over-reliance on fear tactics, but if

you do use fear tactics, you need to make sure you provide some specific steps that individuals can take to change their behaviors.

Clare Neary:

So before adapting face-to-face or in-person programs or interventions for digital delivery. There are a number of things worth considering. Each of these considerations that I'm going to talk about would ideally merit extensive discussion, but we have a limited amount of time together, so I'm going to review them briefly. You'll note that the considerations are similar to those we would need to keep in mind when adapting existing evidence-based programs, absent COVID restrictions.

Clare Neary:

All right, so first we have to consider our population of interest. Are we talking about a segment of the population at increased risk for substance misuse? Are we thinking about a universal population? So lots of people, even those at low or no risk. Are some population groups easier to reach with online or digital interventions than others? Are there things we need to know about the population that would ensure that the adaptations are likely to resonate Oh, and I just over clicked, so bear with me in the animation.

Clare Neary:

Second, what evidence-based program do you want to adapt for digital delivery? Is it a brief intervention? Is it an intervention that requires multiple sessions? How much effort is required to adapt it? Do you have the financial resources required to productively adapt the program for digital delivery? Will you need to consult with technology experts? Are there pre-existing online programs that address substance misuse risk factors or problems of interest? And this is the point that I had made earlier that sometimes, if adaptation is going to be a lot of effort and you need to do this virtually, you may need to consider or balance that effort against acquiring or implementing a different program that is digital or designed to be remotely delivered. Well, fortunately there's a few promising computer based substance misuse prevention programs, which I touched on earlier, but there's still a lot of work that needs to happen before many of these computer delivered approaches are proven effective, especially with youth.

Clare Neary:

And we're also in short supply of programs that are designed, especially for subgroups of youth who are at increased risk. And mainly, we just need more rigorous evaluations of some of these computer-based programs and the evaluations that have been conducted today, have to address major issues around attrition, which as you probably know, in trying to deliver much of your work remotely, it is difficult to know when people are paying attention or engaging with your program or engaging with the online class or instruction. And also, people may not show up, so that is a really big issue that needs to be addressed.

Clare Neary:

So if you choose to adapt a program for digital delivery, you need to consider whether or not it's going to reach your population of interest. So for example, will that population have access to the right technology? Laptops, smartphones, and will they have reliable internet access? Is your focus population comfortable with this kind of technology? Although, I feel like the answer to that is becoming increasingly yes, but you never know, right? You definitely want to make sure that it's going to be used.

And when you adapt the program, will you compromise fidelity? This is what Ivy was talking about earlier. Are there things about in-person delivery that make the program work better?

Kim:

For example, we need to reduce the length of sessions to avoid Zoom fatigue. And when you reduce the length of sessions, are you cutting out critical components and reducing the likelihood that your efforts will be effective? Because as mentioned earlier, I can't remember now whether it was Jess or Ivy, but one of you definitely did point out that cutting is a no-no. And the other thing that you might want to think about is whether or not things like online small group work, produces the same results as in-person group work.

Kim:

So essentially, and again, I'm also speaking as an evaluator, you have to remember that's my bias, that's my lens, and I'm always, will be pressing for making sure that what we do works and is feasible to implement and works as we need it to work. And I think as practitioners, you may be most concerned with whether or not the program is going to work in real world conditions. So when you implement the program, how are you going to address those real world issues that are common with online intervention? Such as, as I said earlier, attrition, access to technology, outside interruptions. Will delivery require that you train individuals to deliver the program, or will you adapt something for self-paced delivery to reduce burden on providers? That's definitely one way to go, self-paced delivery.

Kim:

Other things to keep in mind, and I think I have to click more here. Other things to keep in mind with adaptation are burden on participants and providers and sometimes burden is not always less with digital delivery. And the extent to which a digital intervention can be integrated into existing systems or to be picked up and used in daily life. And finally, as I hinted at earlier, what about evaluation? If you make a profound adaptation to programming, you will want to make sure you get the same results that you got when you implemented it in person, or you get the same results that the program developer got when he or she evaluated the program initially. One thing to keep in mind with digital adaptations is there are different sorts of things we can do to monitor use. There are certain built in kind of digital analytics that we can make use of to track use and satisfaction.

Kim:

All right, so let's take a closer look at e-learning. Many of the school-based substance misuse programs with which we are all mostly familiar, might be adapted for e-learning delivery and a few things to keep in mind with e-learning. Instructor presence is still critical and instructors often need to be trained to establish and maintain student engagement. It's harder to keep people engaged online. Teaching needs to account for learner competencies, characteristics and preferred learning approaches. And so, when adapting programs or picking a program, you want to make sure that different learning styles are taken into consideration.

Kim:

Online learning should also account for potential barriers that can lead to increased attrition, such as feelings of isolation, competing work and family commitments, poor motivation, lack of engagement with the content and technical challenges. You can regularly monitor participant progress to identify and address these concerns along the way. And for substance misuse prevention, it is important that your

participants are informed of and linked to any support services, so it's not just about providing online learning, it's also making sure and understand, well, it's understanding that the programming might, for some participants, require more in depth services. And so, making sure that those links are made available.

Kim Dash:

Ongoing flexible technical support is also vital to manage any issues that arise. And one of the reasons I really like this graphic on this slide is that it illustrates the importance of technological knowledge in addition to content knowledge and knowledge of approaches to teaching and learning. So, in order to adapt in person interventions for digital delivery, we require this extra element, this technological expertise. And so, whenever we think about going remote, it's often not as easy as we would imagine. We really would benefit from the expertise of say online instructional designers or individuals who are very familiar with implementing online reminders and similar sorts of things.

Kim Dash:

So I see I'm getting close to time, so I'm going to quickly go through this last slide in my set. Finally, here, I want to share a few examples with you of in-person substance misuse prevention programs that have been, or are in the process of being adapted for digital delivery or remote delivery, if you prefer. So first, LifeSkills training, it's been adapted for web based delivery. As many of you are aware, LifeSkills training is an evidence-based program that is typically implemented in schools and focuses on developing social and emotional competencies.

Kim Dash:

The LifeSkills training folks have developed a suite of digital products for elementary and middle school age students. These include self-paced e-learning programs, an online educational game, some resources for teachers and parents that they can use to reinforce online lessons. They're recommending online teacher training. The other thing that's worth noting is that teachers can also use the existing, and the LifeSkills training people are suggesting this, that they use the existing content and deliver it online. What I don't know, I don't know whether or not LifeSkills training is just as effective when delivered online versus in-person. Personally, I'm not aware of any evaluations underway. You all may know of some things, but I do not.

Kim Dash:

The next program here is BRAVE online. BRAVE online uses cognitive behavioral therapy techniques to treat a range of anxiety disorders among children and adolescents. I'm including it here, because as noted earlier, anxiety and depression are linked to substance misuse. It includes 10 weekly sessions, where users apply relaxation strategies, cognitive restructuring, and graded exposure to tackle avoidance of fear situations. It uses cartoons and animation and graphics and interactive exercises to engage young people. And it also has two versions, and the reason for that is to make them developmentally appropriate, so it depends on user age. And the users are introduced to a therapist by email before starting the program, the therapist contacts each user through email, after each session to monitor responses and provide feedback. It includes 11 sessions, also for parents. And again, this program has been evaluated improvement effective. And as noted, it was originally developed to be delivered in person.

Kim Dash:

And then finally is Strengthening Families. I think most of you know this program or are somewhat familiar with it. Ivy briefly touched on it or mentioned it earlier in the presentation. It's most often implemented with adolescents or youth at increased risk for substance misuse due to factors associated with things like family disruption and conflict, as well as family substance misuse. This newly developed web version of Strengthening Families is currently undergoing rigorous evaluation, which is funded by the National Institutes of Health. And the study involves comparing participants who are taking Strengthening Families online and then there's a Strengthening Families home use, or DVD and videos, and then there's a control group.

Kim Dash:

So, as you can see, there's lots happening in terms of digital adaptations as well as completely new programs that rely on technology, so lots to think about. So I'm going to stop here, because I know there may be questions and I do believe I'm a little bit over time.

Jessica Goldberg:

No worries at all, Kim, that was wonderful. Thank you so much for it. And you're right, there probably are questions and so, what we're going to ask folks to do is to start thinking of any questions that you may have based on what you heard today and in the interest of time, we're going to collect them in the chat and we're going to visit them next week when we have our peer sharing call on this topic on November 9th.

Jessica Goldberg:

And so, we want to make sure you know you're invited to join us then and bring your questions with you. If you have any now, put them in the chat so we can be sure to address them between today and in that call. And now, Ivy, I think you're going to close out our webinar for us, yes?

Ivy Jones Turner:

Yes. Yes, thanks. So what I'd like to do is just highlight for folks a brief summary of today's conversation. A few takeaways from the conversation today. It's encouraging you to think about how you work with your key stakeholders, whether they be the developers, the evaluators and others, to really identify and track which, if any, adaptations are going to be incorporated into your interventions. And then also, just thinking about how you're going to balance fidelity to the intervention core components and to the research, so that you're most likely to achieve the outcomes that led you to select that intervention in the beginning.

Ivy Jones Turner:

And then of course, just keeping in mind, the fourth bullet really highlights, there's a lot that we've learned and accomplished over the last nine months. And so, what we'd like to really encourage everyone to think about is, not just identify what the challenges have been, but also to take into stock some of the successes and a lot of the learning that's really happened over this period of time.

Ivy Jones Turner:

And so, as Jess has noted, we recognize some of the challenges and successes. And so, we really would like for you to use the chat, to highlight some of those questions, some of those feedback for us, so that we can incorporate those into next week's session. In particular, we are going to invite you as well to fill

out a brief evaluation. Your feedback is very important, not only for how we develop these sessions, but also how we facilitate them and incorporate some of your comments and questions.

Ivy Jones Turner:

So please, do take a bit of time to fill out the evaluation and we look forward to seeing you next week at the peer sharing discussion, where you'll also have an opportunity to hear from a couple of local programs that have addressed adaptation as part of their efforts. And with that, I'll just invite you to please visit the brief evaluation online, share with us any additional comments that you might have as well as any questions in the chat today. And we look forward to seeing you again next week. Thanks so much everyone.

PART 4 OF 4 ENDS [01:29:40]