



QUICK GUIDE FOR ADAPTING EVIDENCE-BASED INTERVENTIONS (EBIs)

Adapting Evidence-based Interventions:

Adaptation is the modification of a program to accommodate the needs of the target population and/or organizational setting while still ensuring the fidelity of the program.^{1,2}

Why you adapt: To ensure that the intervention is culturally appropriate and responsive to the local needs and circumstances of the community.^{3,4}

Things to consider: Change capacity; e.g. staff, organizational structure, etc., before changing the program. It may be tempting to change the program before building capacity, but it is important to adhere to fidelity as much as possible before making change.¹

Make cultural adaptations to ensure successful participant recruitment, engagement and retention.⁵

Ensure the maintenance of core components of the EBI to include setting, dosage and quality of delivery.^{2,3,6}

Select the “Best-Fit” option paying close attention to the interventions intended group.¹

Add content rather than subtract content when adapting.¹

Where you adapt: Add cultural content and culturally sensitive methods to engage participants.³

Consider adapting language, images and context; paying attention to the target groups cultural patterns, norms and values.^{2,7,8}

Consider adaptation in areas of recruitment, engagement and contextual relevance of the intervention.³

How you adapt: Consult with EBI developers, implementers and evaluators.^{1,3}

Collaborate with stakeholders and members of the community where the intervention will be implemented.^{1,4,5}

Work collaboratively with researchers, clinicians and other stakeholders; include representation from the target group.^{1,3,8}

Utilize facilitators and trainers from the target community as part of the cultural adaptation. Ensure they receive adequate training for program fidelity.^{1,2}

Utilize a systematic process when adapting and document processes; pilot test, modify and evaluate.^{2,4,10,11}

Use fidelity assessment tools to track adaptation. Utilize quantitative and qualitative data to inform and guide adaptation efforts.^{4,10}

Adaptation Examples:

One Native American community adapted a parenting program to prevent youth substance use. Community members worked with community and university researchers to culturally adapt the program.^{12,13}

A family based intervention to reduce drug use and sexual behaviors among Hispanics adolescents was culturally adapted (language and prevalence data in program participant manual) for Ecuadorian families showing feasibility and acceptability.¹⁴

Did you know?

Only one in four school-based EBI's demonstrate fidelity during implementation and only one in three deliver the full curriculum.⁶

Limited Resources?

Many communities have limited resources to implement EBI's. If resources are a concern, it is recommended that you contact the developer before making changes.

Ensuring Fidelity

Fidelity is the delivery of the program adhering to the design of the developer.¹

It is important for EBI's to adhere to program fidelity to ensure the desired outcome for the target population and/or organizational setting.^{1,2}



¹Substance Abuse and Mental Health Services Administration (SAMHSA). (2018). Selecting Best-fit Programs and Practices: Guidance for Substance Misuse Prevention Practitioners. Retrieved from https://www.samhsa.gov/sites/default/files/ebp_prevention_guidance_document_241.pdf

²U.S. Department of Health and Human Services (DHHS). (2011). Making Adaptations Tip Sheet. Retrieved from <https://www.acf.hhs.gov/sites/default/files/fysb/prep-making-adaptations-ts.pdf>

³Lewin, A., Hodgkinson, S., Waters, D. M., Prempeh, H. A., Beers, L. S., & Feinberg, M. E. (2015). Strengthening Positive Coparenting in Teen Parents: A Cultural Adaptation of an Evidence-Based Intervention. *The Journal of Primary Prevention*, 36(3), 139-154. doi:10.1007/s10935-015-0388-1

⁴Williams, A. B., Wang, H., Burgess, J., Li, X., & Danvers, K. (2013). Cultural adaptation of an evidence-based nursing intervention to improve medication adherence among people living with HIV/AIDS (PLWHA) in China. *International Journal of Nursing Studies*, 50(4), 487-494. doi:<https://doi.org/10.1016/j.ijnurstu.2012.08.018>

⁵Castro, F. G., Jr., M. B., & Steiker, L. K. H. (2010). Issues and Challenges in the Design of Culturally Adapted Evidence-Based Interventions. *Annual Review of Clinical Psychology*, 6(1), 213-239. doi:10.1146/annurev-clinpsy-033109-132032

⁶Ennett, S. T., Haws, S., Ringwalt, C. L., Vincus, A. A., Hanley, S., Bowling, J. M., & Rohrbach, L. A. (2011). Evidence-based practice in school substance use prevention: fidelity of implementation under real-world conditions. *Health Education Research*, 26(2), 361-371. doi:10.1093/her/cyr013

⁷Bernal, G., Jiménez-Chafey, M. I., & Domenech Rodríguez, M. M. (2009). Cultural adaptation of treatments: A resource for considering culture in evidence-based practice. *Professional Psychology: Research and Practice*, 40(4), 361-368. doi:10.1037/a0016401

⁸Tsarouk, T., Thompson, E. A., Herting, J. R., Walsh, E., & Randell, B. (2007). Culturally specific adaptation of a prevention intervention: An international collaborative research project. *Addictive Behaviors*, 32(8), 1565-1581. doi:<https://doi.org/10.1016/j.addbeh.2006.11.013>

⁹St. George, S. M., Messiah, S. E., Sardinias, K. M., Poma, S., Lebron, C., Tapia, M. I., . . . Prado, G. (2018). Familias Unidas for Health and Wellness: Adapting an Evidence-Based Substance Use and Sexual Risk Behavior Intervention for Obesity Prevention in Hispanic Adolescents. *The Journal of Primary Prevention*, 39(6), 529-553. doi:10.1007/s10935-018-0524-9

¹⁰Martinez, O., Wu, E., Frasca, T., Shultz, A. Z., Fernandez, M. I., López Rios, J., . . . Sandfort, T. G. M. (2017). Adaptation of a Couple-Based HIV/STI Prevention Intervention for Latino Men Who Have Sex With Men in New York City. *American Journal of Men's Health*, 11(2), 181-195. doi:10.1177/1557988315579195

¹¹Barrera Jr., M., & Castro, F. G. (2006). A Heuristic Framework for the Cultural Adaptation of Interventions. *Clinical Psychology: Science and Practice*, 13(4), 311-316. doi:10.1111/j.1468-2850.2006.00043.x

¹²Whitesell, N. R., Mousseau, A. C., Keane, E. M., Asdigian, N. L., Tuitt, N., Morse, B., Zacher, T., Dick, R., Mitchell, C. M., Kaufman, C. E. (2019). Integrating Community-Engagement and a Multiphase Optimization Strategy Framework: Adapting Substance Use Prevention for American Indian Families

¹³Kulis, S., Ayers, S. L., & Baker, T. (2015). Parenting in 2 Worlds: Pilot Results From a Culturally Adapted Parenting Program for Urban American Indians. *The Journal of Primary Prevention*, 36(1), 65-70. doi:10.1007/s10935-014-0376-x

¹⁴Molleda, L., Estrada, Y., Lee, T. K., Poma, S., Terán, A. M. Q., Tamayo, C. C., . . . Prado, G. (2017). Short-Term Effects on Family Communication and Adolescent Conduct Problems: Familias Unidas in Ecuador. *Prevention Science*, 18(7), 783-792. doi:10.1007/s11121-016-0744-2

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