30 Years of Prevention Science: *What have we learned from the fidelity-adaptation debate?*

Brittany Rhoades Cooper, PhD
Washington State University

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Washington State Prevention summit

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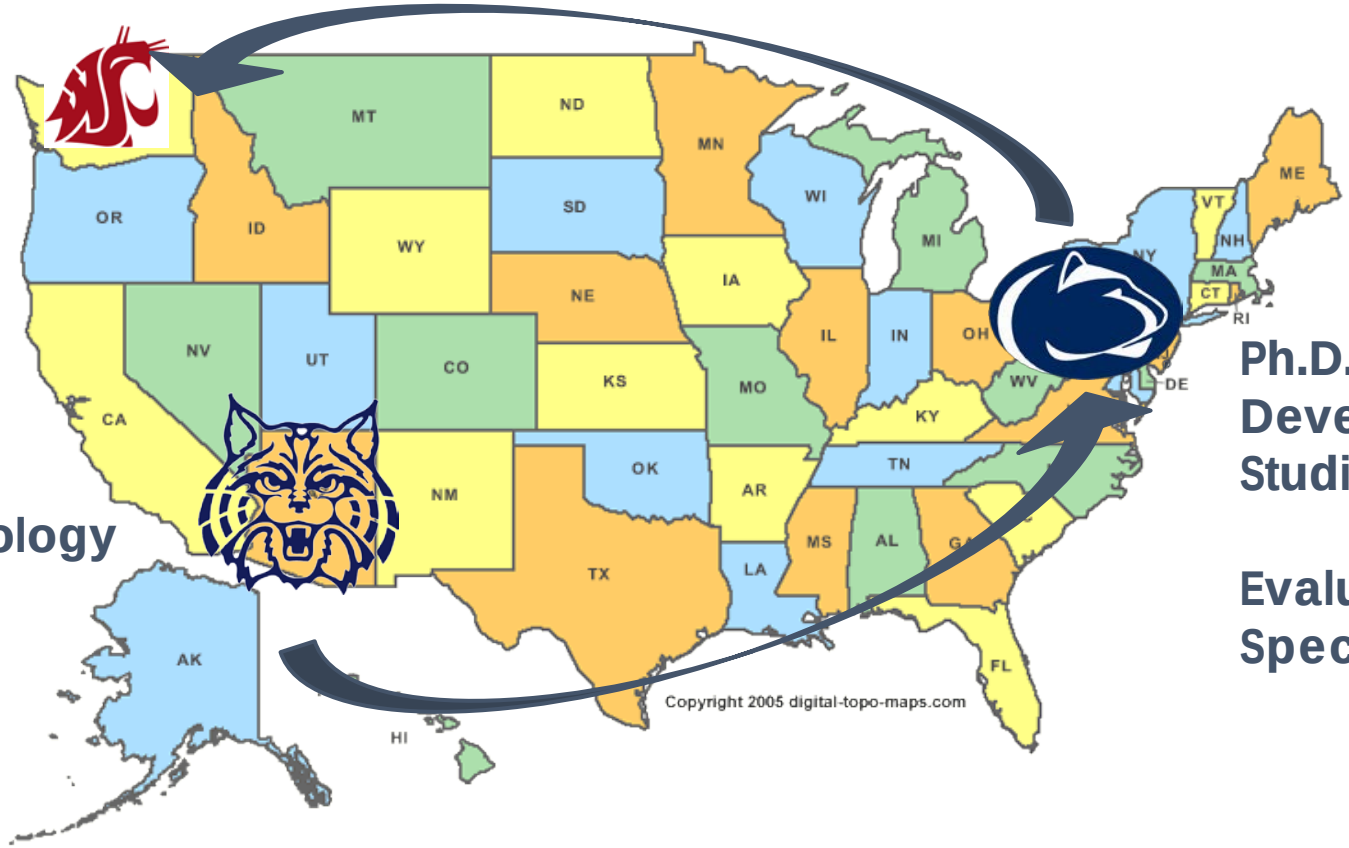
World Class. Face to Face.

Who am I?

Assistant Professor
Human Development
Prevention Science
Extension Specialist

brittany.cooper@wsu.edu

B.A. in Psychology



Ph.D. in Human Development & Family Studies

Evaluation Research Specialist at EPISCenter

Who are you?

- Prevention/treatment provider
- School personnel
- Government agency
- Law enforcement
- Policymaker
- Youth service provider
- Coalition leader/member
- Counselor/Social worker

My Workshop Objectives

- To present the science on the fidelity-adaptation debate
- To present best-practices and guidelines for adaptation
- To facilitate the application of this information to your experiences implementing programs in your community
- To learn about the program implementation challenges you face

BUT, what are your objectives?

What are your workshop objectives?

- **Goal**: Get to know your colleagues & to put the objectives of this workshop into your context.

- **The Questions**:
  - What is one big program implementation challenge you face?
  - Why did you come to this workshop & what do you hope to learn?

- **The Structure**: Introduce yourself to someone new, respond to the questions (2 mins per person), and repeat 3 times.

Activity modified from Liberating Structures:
http://www.liberatingstructures.com/2-impromptu-networking/

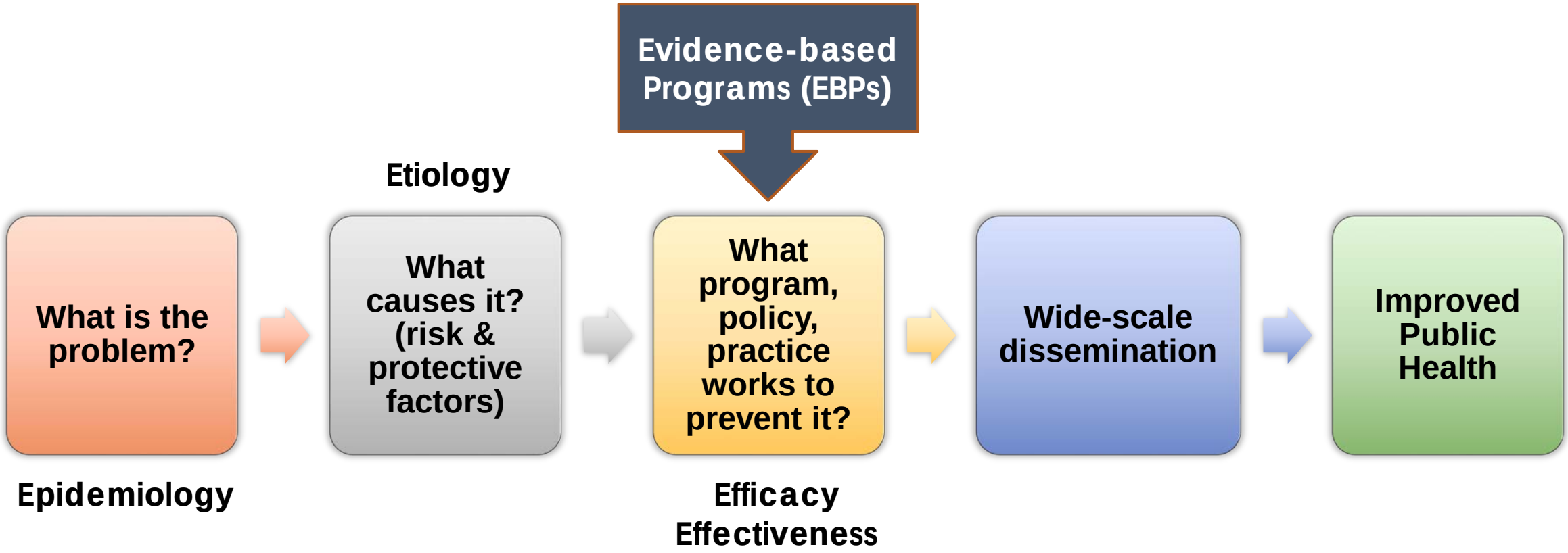
Our Agenda

- 1) Overview of Fidelity-Adaptation Research
- 2) Best Practices for Finding Balance
- 3) Application Activity
  - How can you apply these strategies and tips to your work?

Fidelity-Adaptation Research

What can we learn from prevention science?

What is Prevention Science?



Evidence-based Programs (EBPs)

- **Theoretically sound** interventions that have been **evaluated** using a **well-designed study** and have demonstrated **significant improvements** in the targeted outcome(s).

The Case for Multiple Approaches

Evidence-based Programs

- Theoretically-based
- Scientifically-proven
- Sponsored lists
  - E.g., Blueprints, NREPP
- Funding requirements

Practice-based Programs

- Not an evidence-based program for all problems
- Many programs already being implemented
- Local expertise/fit

Different Types of Evidence

Center for Disease Control
http://vetoviolence.cdc.gov/evidence/

Bridging the Prevention Science to Public Health Gap

"...to optimize public health we must not only understand how to create the best interventions, but how to best **ensure that they are effectively delivered within clinical and community practice**."

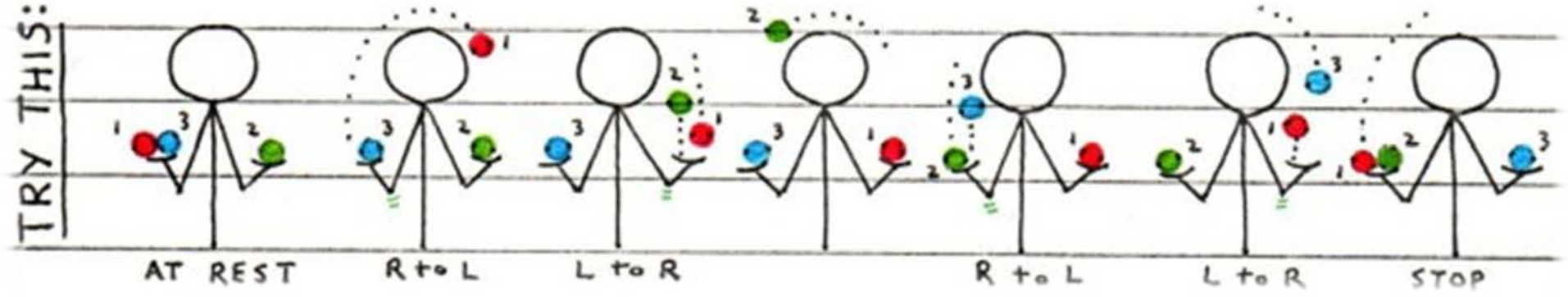
US Department of Health & Human Services

Fidelity-Adaptation Research: ***The Lingo***

- Implementation Quality
  - Quality of delivery
  - Participant responsiveness
  - Fidelity (adherence)
  - Adaptation

The ***Fidelity*** Argument

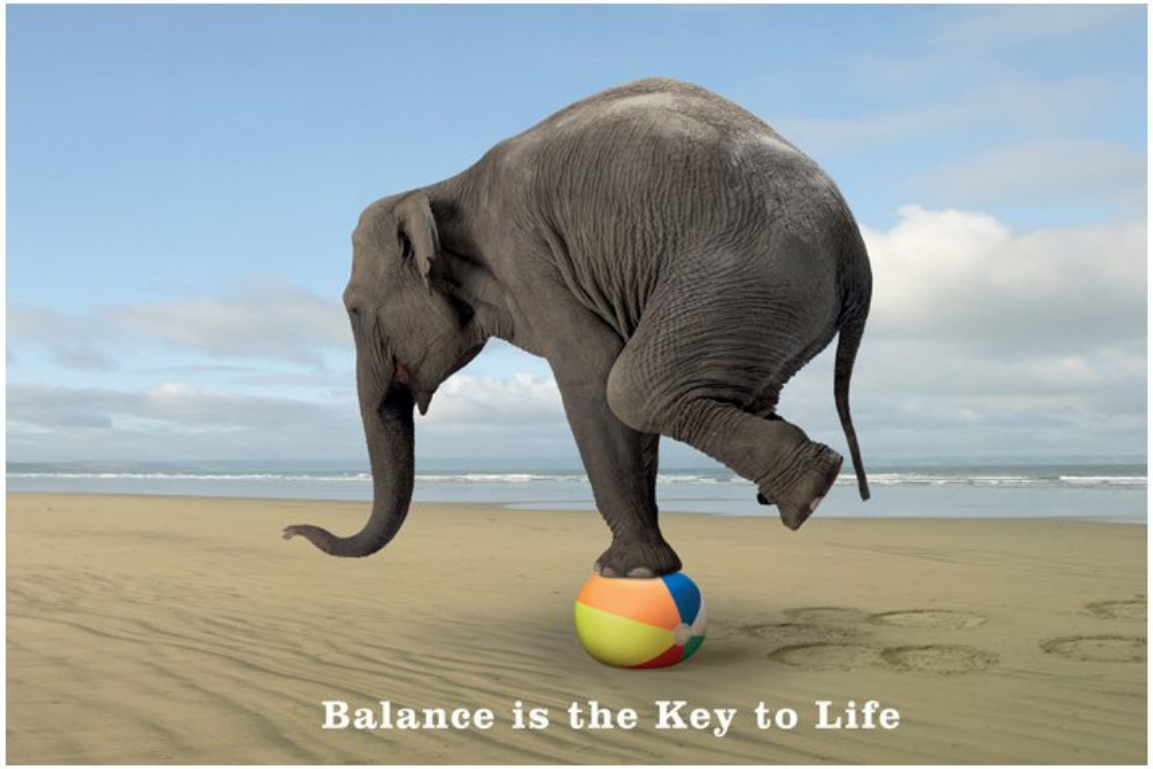
- Best not to tinker with a proven-effective program.
- If making changes, cannot be assured to achieve same positive outcomes.
- Should take advantage of the researchers' expertise about the EBP.



The ***Adaptation*** Argument

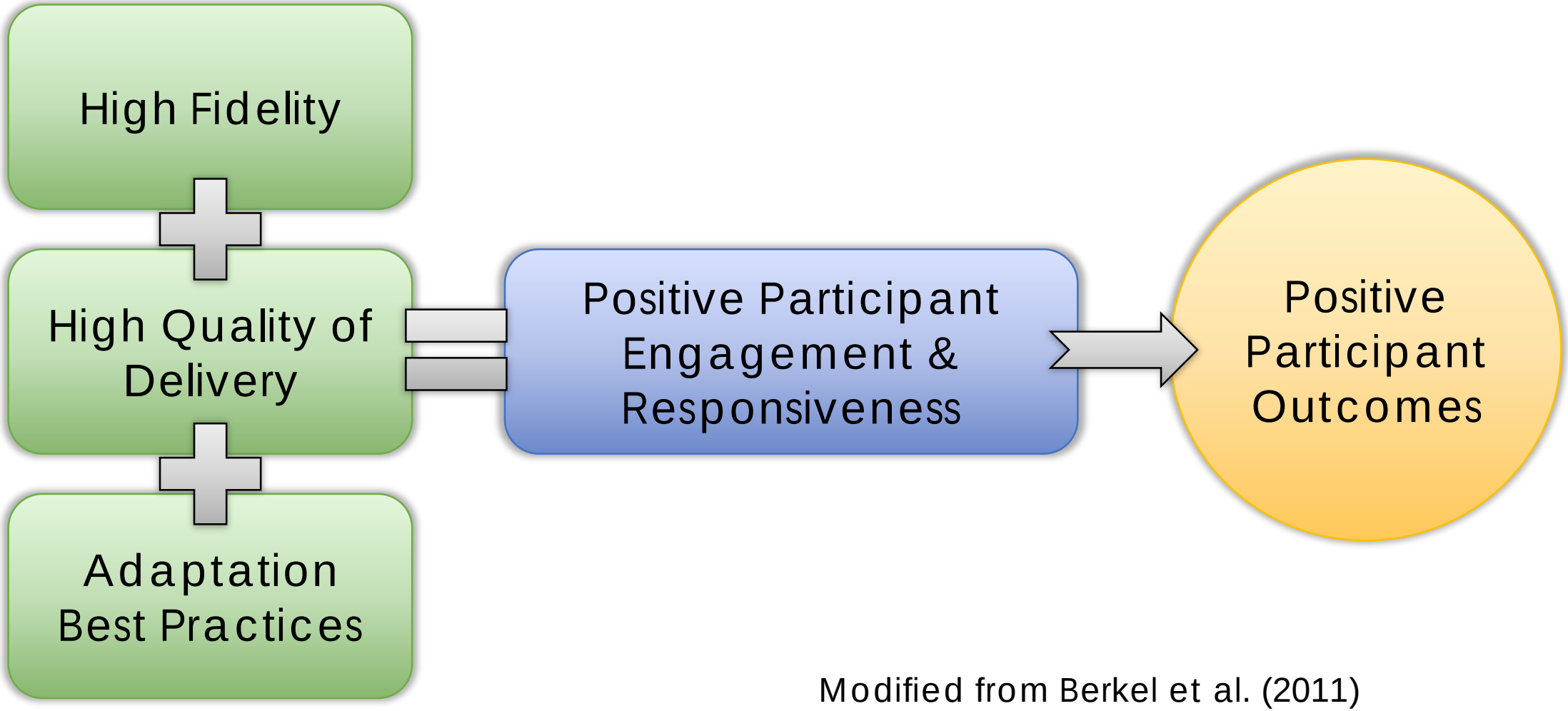
- In the real-world, adaptations happen!
- Programs should be adapted to meet the unique needs of the local community.
- Practitioners' expertise about local community should inform local implementation of an EBP.

The Middle Ground



- Adaptations can occur within the context of low **or** high fidelity.
- Not all adaptations deviate from the programs' original design and theory.

The Theory



Modified from Berkel et al. (2011)
Integrated Model of Program Implementation

The Evidence

- Higher = better outcomes (Durlak & Dupre, 2008)
  - Adherence, dose, quality of delivery
- Cultural adaptations = positive impact on recruitment and retention, but small or no impact on outcomes (e.g., Kumpfer et al., 2002)
- Global fidelity make be a weak predictor of participant outcomes (Berkel et al., 2013; Hill & Owens, 2013)

Strategies for Finding Balance

How can you stay true to the evidence, but still meet the needs of your community?

Balancing Fidelity & Adaptation: ***A Best-Practices Guide***

Modified and adapted from the following resources:

- Card, J. J., Solomon, J., & Cunningham (2009). How to adapt effective programs for use in new contexts. *Health Promotion Practice, 12*, 25-35.
- O'Connor, C., Small, S. A., Cooney, S. M. (April, 2007). Program fidelity and adaptation: Meeting local needs without compromising program effectiveness. *What works, Wisconsin – Research to practice series*, Issue #4.

Step 1:
Select the EBP that meets your needs

- Are targeted outcomes relevant & acceptable?
- Strong evidence with targeted population?
- Will content & methods be accessible & appealing to targeted population?
- Pick a program that will need the least amount of adaptation and one whose developer is willing to work with you

Step 2:
Determine the key elements that make EBP effective

- Ideally, you can get this info from the program developer

- Gather program materials
  - Statement of goals, summary of underlying theory, facilitator guide

- Develop program logic model
  - The Community Toolbox offers excellent resources for this at http://ctb.ku.edu/en

Step 3:
Assess the need for adaptation

- Identify & categorize mismatches
  - Program goals/objectives
  - Characteristics of target population
  - Characteristics of implementing agency
  - Characteristics of community

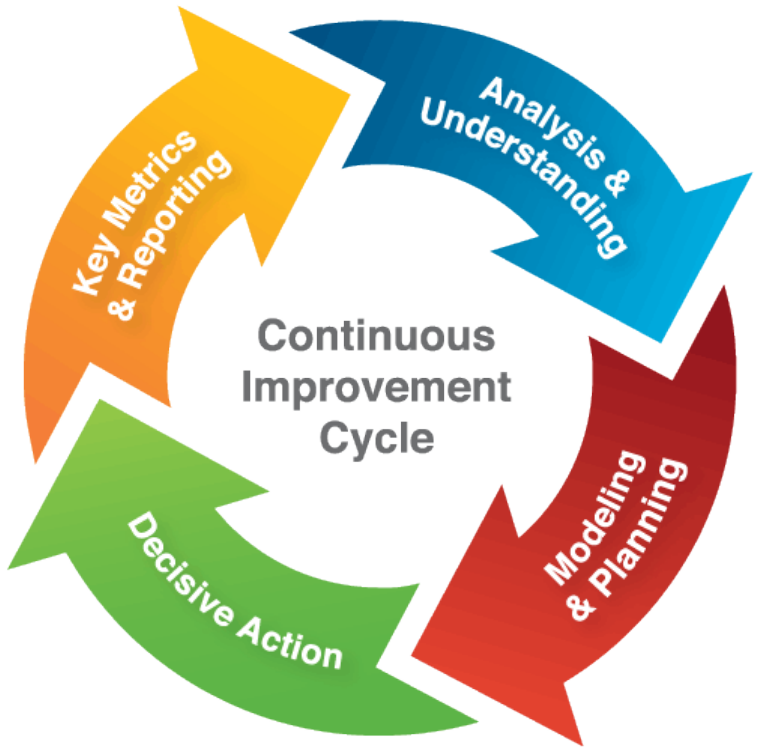
- In consultation with developer & using best-practice guidelines, decide if adaptation is necessary.

Step 4:
Adapt the program using Best Practices

- If needed, make adaptations in consultation with program developer.
- Acceptable vs. risky adaptations
  - See handout
- Stay true to duration, intensity, and key elements of the program.

Step 5:
Develop continuous quality improvement plan

- Document and discuss progress regularly
  - Fidelity
  - Adaptations
  - Participant engagement
  - Participant outcomes
- Use implementation monitoring tools
- Stay up to date on program revisions



Application Activity:15% Solutions

"You cannot cross the sea merely by standing and staring at the water" ~R. Tagore

- **Goal**: To apply what you've learned today and identify actions (however small) you can do when you get home.

- **Question**: What is your 15%? What can you do (without more resources) based on what you've learned today?

- **Structure**:
  - 1) Make your own list of "15% solutions"
  - 2) Get in groups of 2-4 to share your list
  - 3) Group members provide consultation

Activity modified from Liberating Structures:
http://www.liberatingstructures.com/7-15-solutions/

References & Resources

- Berkel, C., Mauricio, A. M., Schoenfelder, E., & Sandler, I. N. (2011). Putting the pieces together: An integrated model of program implementation. *Prevention Science*, *12*(1), 23-33.
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