Balancing Fidelity & Adaptation:
A Best-Practices Guide for Evidence-based Program Implementation

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DBHR Webinar
April 30, 2015

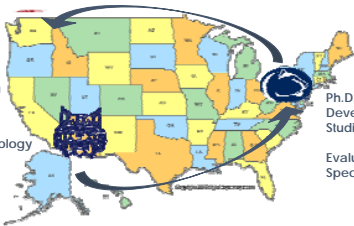Note: A version of this presentation was first given at the 2014 WA Prevention Summit.

Who am I?

Assistant Professor
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B.A. in Psychology

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Poll#1: Who are you?

- Coalition coordinator
- School personnel or EDS director
- Coalition leader/member
- Law enforcement
- Youth service provider

If you wear more than one hat, choose the one you wear most often as it relates to evidence-based program implementation.

Hello I am

Working to improve my community!

Today's Objectives

- To review the science on the fidelity-adaptation debate

- To introduce best-practices and guidelines for adaptation

- To facilitate the application of this information to your experiences implementing programs in your community

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Fidelity-Adaptation Research
What can we learn from prevention science?

What is Prevention Science?

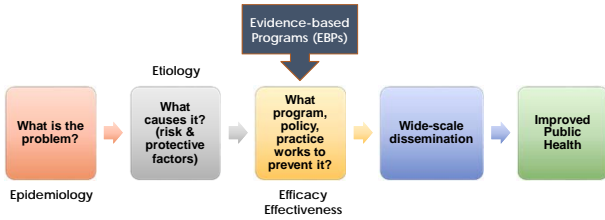Evidence-based Programs (EBPs)

Etiology

| What is the problem? | What causes it? (risk & protective factors) | What program, policy, practice works to prevent it? | Wide-scale dissemination | Improved Public Health |

Epidemiology

Efficacy
Effectiveness

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

Is the program feasible, useful, and acceptable within the community it is being implemented?

Does the most rigorous research available suggest the program is effective?

Best Available Research Evidence

Does the collective expertise and experience of implementers suggest the program will be effective?

Contextual Evidence

Experiential 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
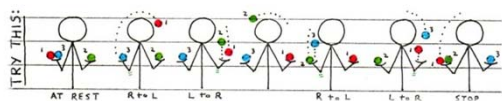 - Participant responsiveness
  - Fidelity (adherence)
  - Adaptation

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
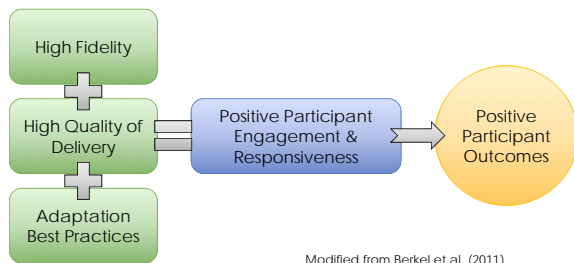
High Fidelity
+
High Quality of Delivery
+
Adaptation Best Practices
→ Positive Participant Engagement & Responsiveness → Positive Participant Outcomes

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 may 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

- **Poll #2: What stage of EBP implementation are you currently in?**
  - Planning/Selecting an EBP
  - Early in Implementation
  - Experienced Implementer/Transferring EBP to New Context
  - Other

- See pg. 2 of the handout

Balancing Fidelity & Adaptation:
A Best-Practices Guide

See pg. 1 of the handout

Select EBP that meets your needs → Determine elements that make the EBP effective → Assess the need for adaptation → Adapt EBP using best-practices → Develop CQI plan

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 and/or trainer.

- 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

How does this apply to your work?

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

References & Resources

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- Durlak, J. A., & DuPre, E. P. (2008). Implementation matters: A review of research on the influence of implementation on program outcomes and the factors affecting implementation. *American Journal of Community Psychology, 41*(3-4), 327-350.
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