Planning and testing program adaptations in community settings: A case study of the Strengthening Families Program 10-14 cannabis adaptation process.

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Prevention Research Subcommittee Meeting

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We're funded! Now what?

Adapting Strengthening Families Program 10-14 for a Legalized Cannabis Context

EXECUTIVE SUMMARY: NIFA requests applications for new Children, Youth, and Families At-Risk Sustainable Community Projects (CYFAR SCP) for fiscal year (FY) 2019 to marshal resources of the Land-grant and Cooperative Extension Systems so that, in collaboration with other organizations, they can develop and deliver educational programs that equip youth who are at-risk for not meeting basic human needs with the skills they need to lead positive, productive, and contributing lives.

Finding a framework.

ORIGINAL RES[EARCH]

A scoping study of frameworks for adapting public he[alth] evidence-based interventions

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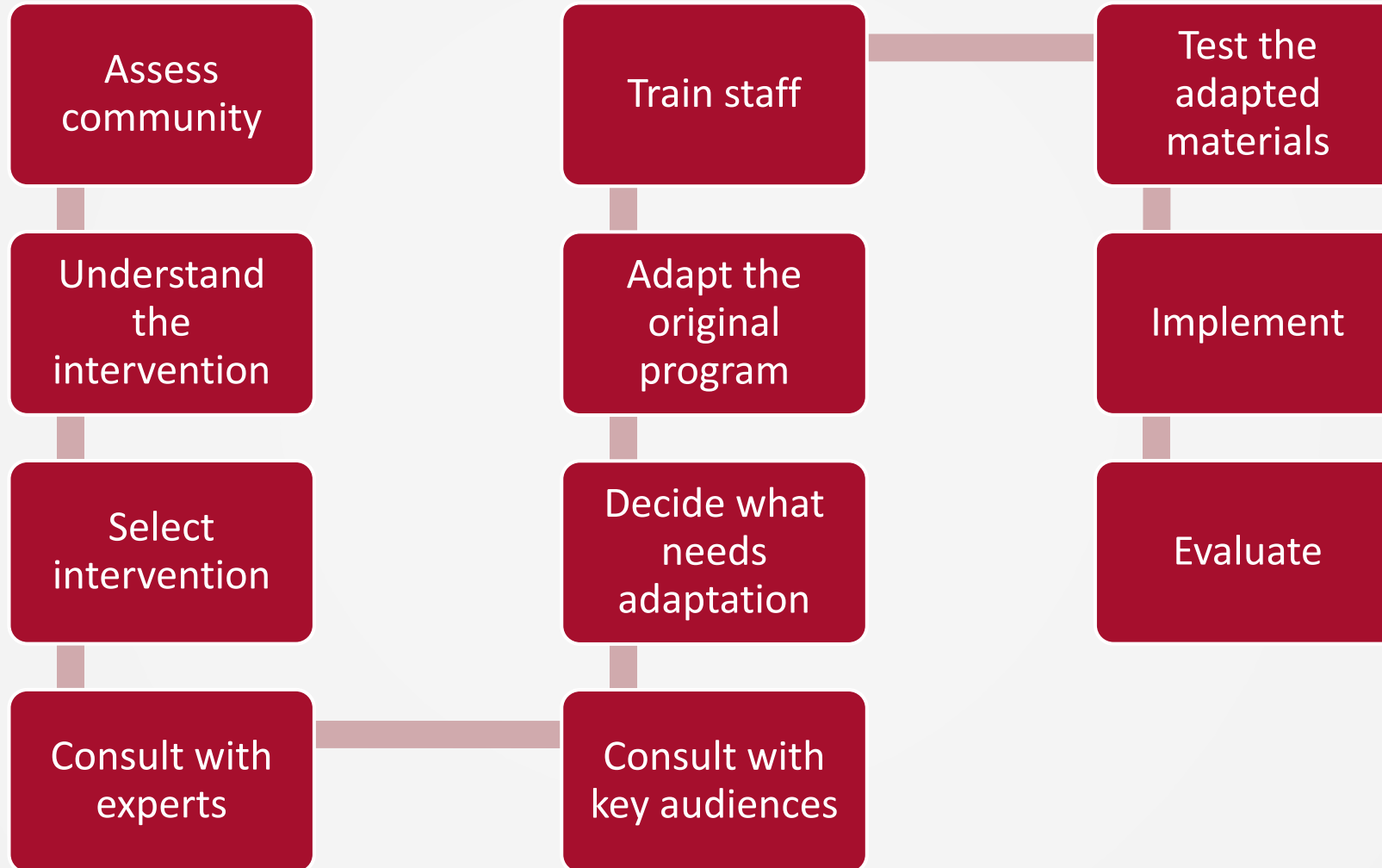[1]Emory University, Rollins School of Public Health, Atlanta, GA 30322, USA
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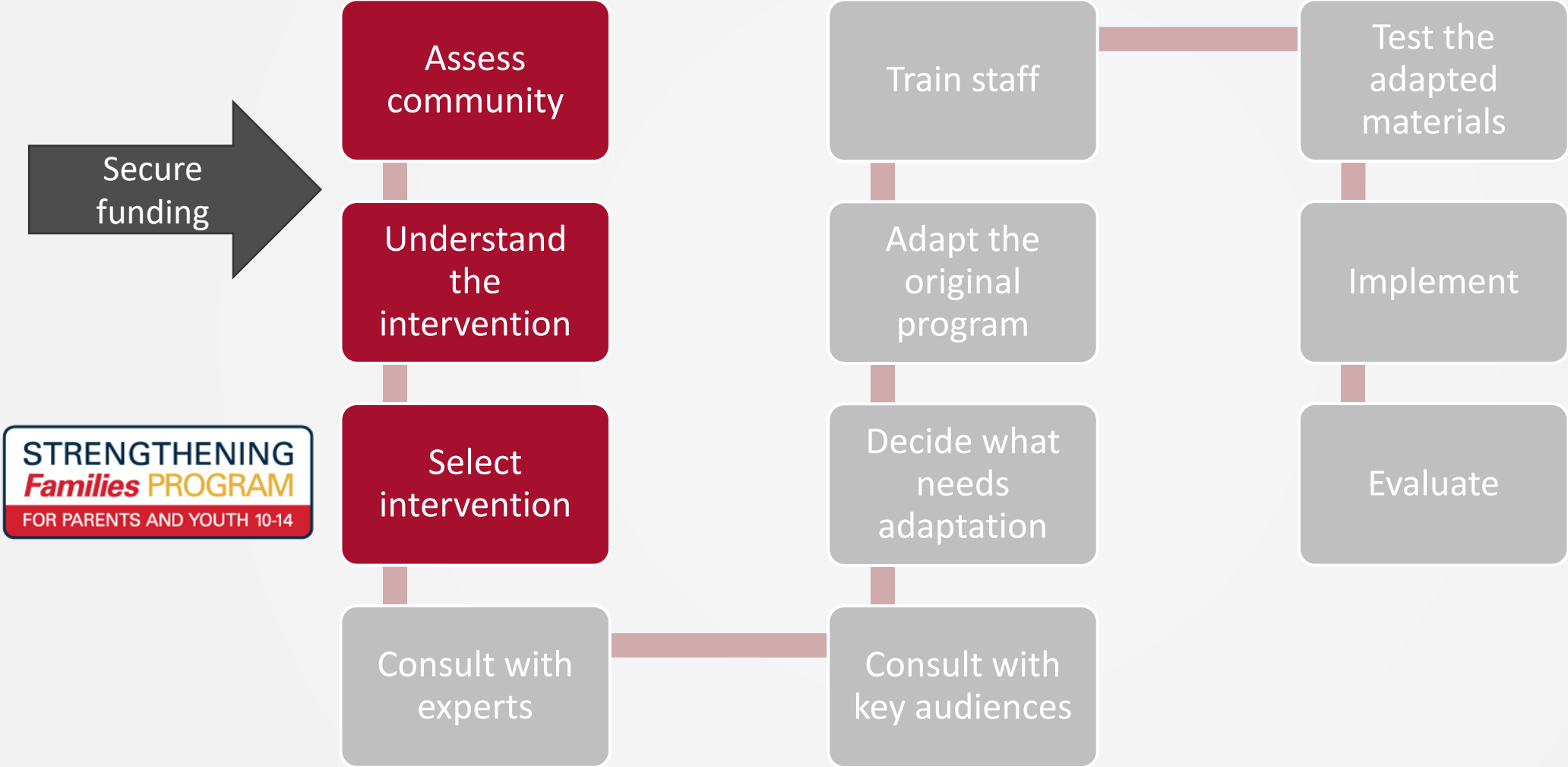
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Abstract
Evidence-based public health translation of research to practice is essential to improve the public's health. Dissemination and implementation researchers have explored what happens once practitioners adopt evidence-based interventions (EBIs) and have developed models and frameworks to describe the adaptation process. This scoping study identified and summarized adaptation frameworks in published reports and grey literature. We followed the recommended steps of a scoping study: (a) identifying the research question; (b) identifying relevant studies; (c) selecting studies; (d) charting the data; (e) collating, summarizing, and reporting the results; and (f) consulting with experts. We searched PubMed, PsycINFO, PsycNET, and CINAHL databases for articles referencing adaptation frameworks for public health interventions in the published and gray literature, and from reference lists of framework articles. Two reviewers independently coded the frameworks and their steps and identified common steps. We found 13 adaptation frameworks with 11 program adaptation steps: (a) assess community, (b) understand the EBI(s), (c) select the EBI, (d) consult with experts, (e) consult with stakeholders, (f) decide on needed adaptations, (g) adapt the original EBI, (h) train staff, (i) test the adapted materials, (j) implement the adapted EBI, and (k) evaluate. Eight of these steps were recommended by more than five frameworks: #1–3, 6–7, and 9–11. This study is the first to systematically identify, review, describe, and summarize frameworks for adapting EBIs. It contributes to the literature by consolidating key steps in program adaptation of EBIs and

Implications
Practice: These frameworks can [provide guid]ance for steps in the adaptation pro[cess of evi]dence-based interventions (EBIs).

Policy: Funders or agencies that [fund or promote] the use of EBIs should encourage or [require those] implementing them to report on any [adaptations] and the steps taken for the modificati[ons].

Research: Future research should e[xamine the] use of these frameworks in adaptation [studies in] the field and their impacts on health.

(T1) and effectiveness studies (T2) [5,...] some adaptation occurs after T1 in a[ctual settings]. Adaptations may be made to the origi[nal program] content, delivery, logistics, training, a[nd staffing] [4, 7]. Some researchers say that adap[tation is an] essential and natural step in the impleme[ntation...]

Table 1 | Key adaptation steps and descriptions

Step name	Step descriptions
1. Assess community	• Identify behavioral determinants and risk behaviors of the new target population using focus groups, interviews, needs assessments, and logic models • Assess organizational capacity to implement the program
2. Understand the intervention	• Identify and review relevant EBPs and their program materials • Understand the theory behind the programs and their core elements
3. Select intervention	• Select the program that best matches the new population and context
4. Consult with experts	• Consult content experts, including original program developers, as needed • Incorporate expert advice into program
5. Consult with stakeholders	• Seek input from advisory boards and community planning groups where program implementation takes place • Identify stakeholder partners who can champion program adoption in new setting and ensure program fidelity
6. Decide what needs adaptation	• Decide whether to adapt or implement original program • Theater test selected EBP using new target population and other stakeholders to generate adaptations • Determine how original and new target population/setting differ in terms of risk and protective factors • Identify areas where EBP needs to be adapted and include possible changes in program structure, content, provider, or delivery methods • Retain fidelity to core elements • Systematically reduce mismatches between the program and the new context
7. Adapt the original program	• Develop adaptation plan • Adapt the original program contents through collaborative efforts • Make cultural adaptations continuously through pilot testing • Core components responsible for change should not be modified
8. Train staff	• Select and train staff to ensure quality implementation
9. Test the adapted materials	• Pretest adapted materials with stakeholder groups • Conduct readability tests • Pilot test adapted EBP in new target population • Modify EBP further if necessary
10. Implement	• Develop implementation plan based on results generated in previous steps • Identify implementers, behaviors, and outcomes • Develop scope, sequence, and instructions • Execute adapted EBP
11. Evaluate	• Document the adaptation process and evaluate the process and outcomes of the adapted intervention as implemented • Write evaluation questions; choose indicators, measures, and the evaluation design; plan data collection, analysis, and reporting • Employ empowerment evaluation approach framework to improve program implementation

Planning and piloting program adaptation.

Assess community

Understand the intervention

Select intervention

Consult with experts

Train staff

Adapt the original program

Decide what needs adaptation

Consult with key audiences

Test the adapted materials

Implement

Evaluate

Escoffery et al. (2019) Key adaptation steps.

Planning and piloting program adaptation.

Escoffery et al. (2019) Key adaptation steps.

Washington's history of SFP 10-14.

- Washington State legalized cannabis use by adults (21 and older) in 2012.

- Washington State communities have a long history of implementing Strengthening Families Program 10-14 (SFP 10-14) to reduce youth substance use.

- SFP 10-14 was not developed or evaluated within the context of legalized cannabis use.
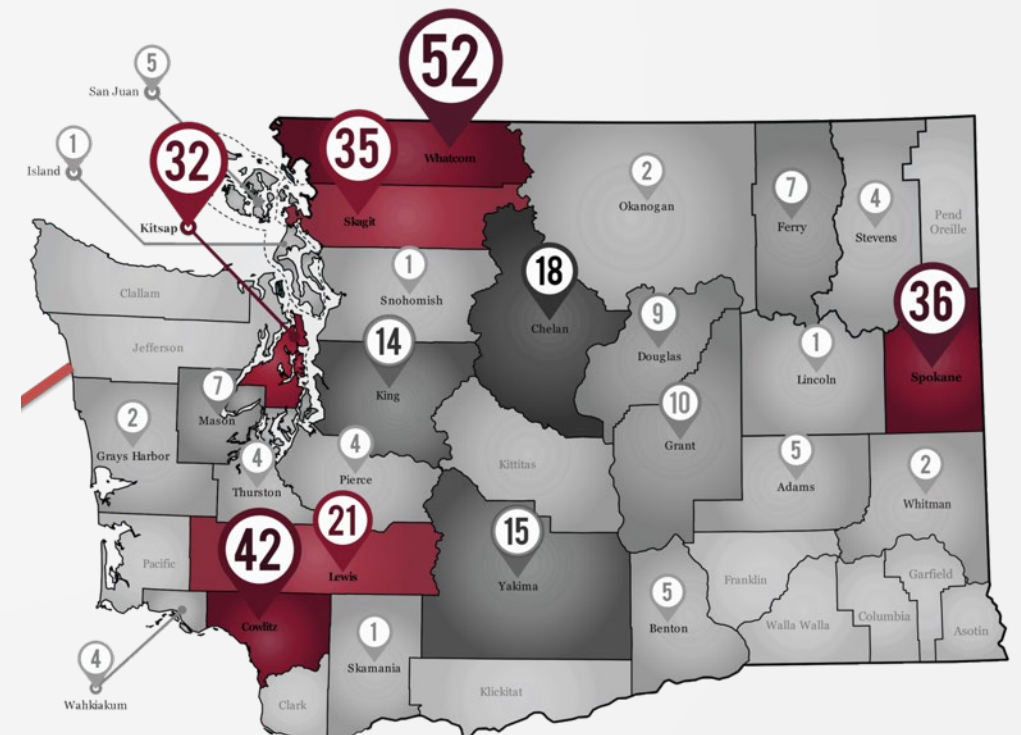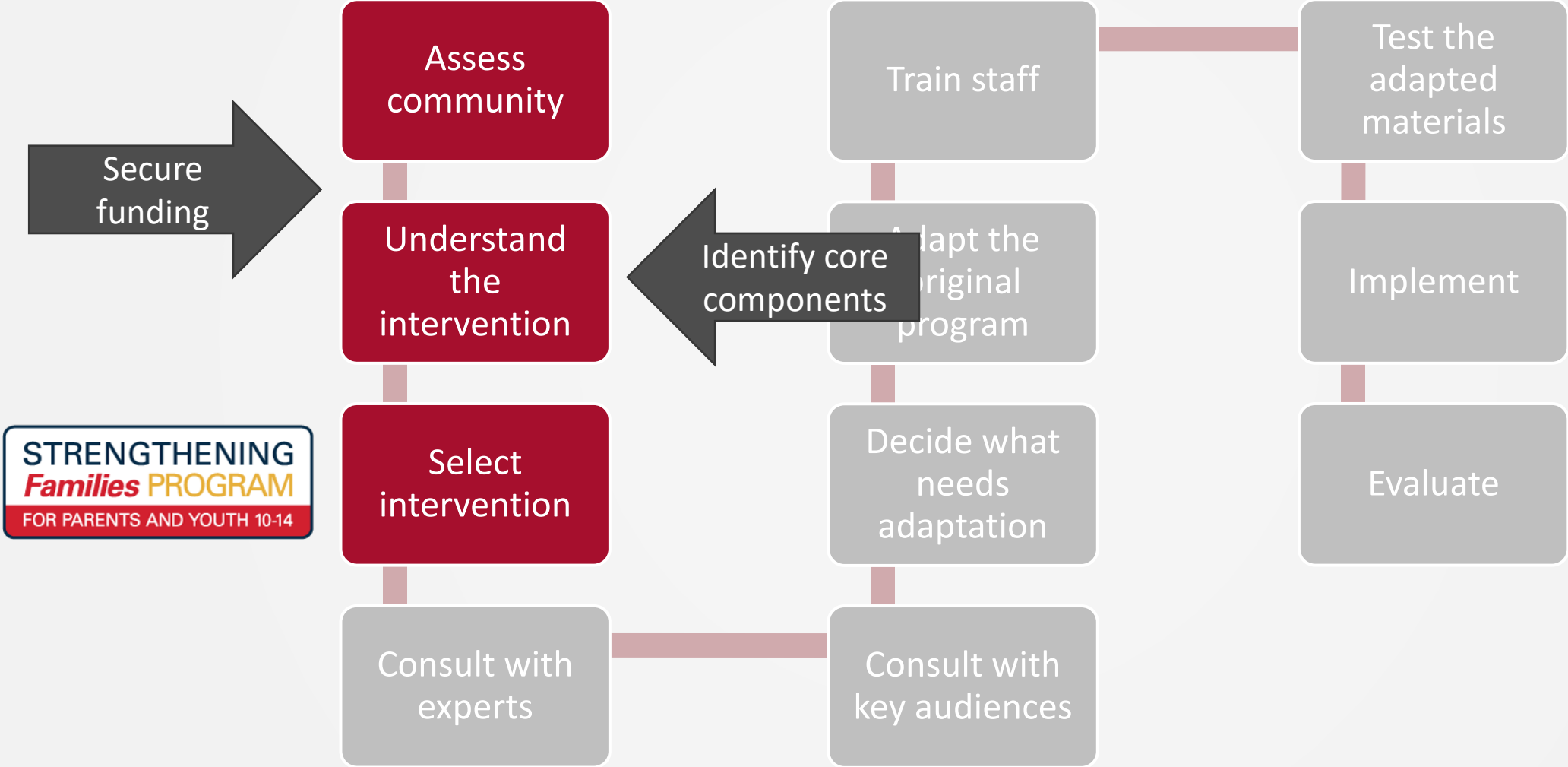
STRENGTHENING
Families PROGRAM
FOR PARENTS AND YOUTH 10-14

Planning and piloting program adaptation.

Escoffery et al. (2019) Key adaptation steps.

Planning and piloting program adaptation.
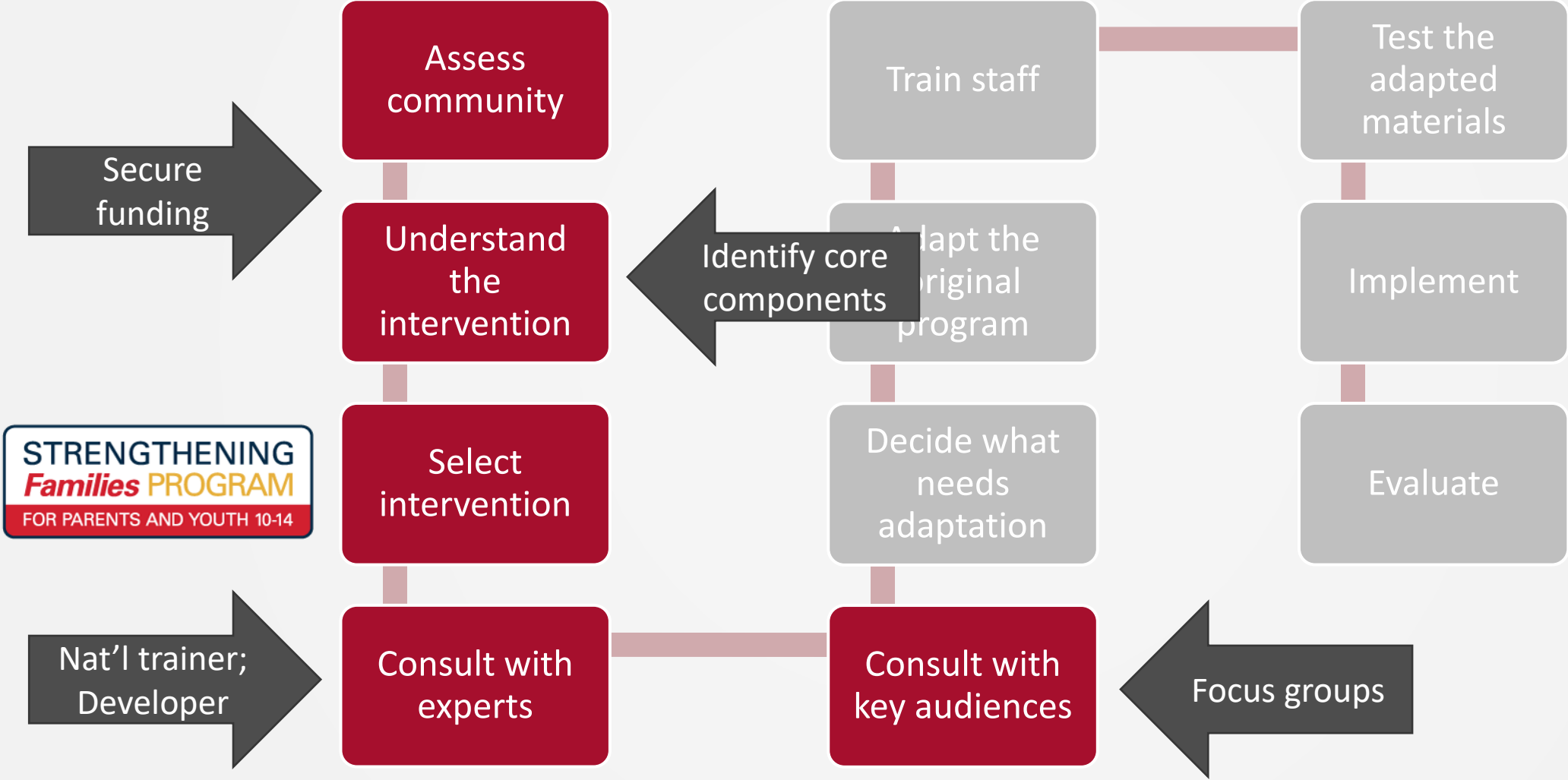
Escoffery et al. (2019) Key adaptation steps.

Responding to emergent needs.

Virtual delivery was acceptable.

Figure 1. Virtual SFP 10-14 Facilitator Training Satisfaction
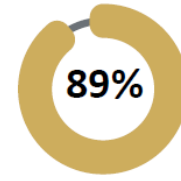
89% Very Satisfied with Online Training Quality

Would Recommend Training to a Colleague **94%**
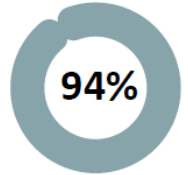
l Use Online Training Change Current Practice

Expect Training to Benefit Professional Development **100%**

		SUCCESSES	CHALLENGES
YOUTH & CAREGIVER		• Added safety during COVID-19 • Increased convenience and accessibility • Spending quality time with family	• Attending two sessions per week • Scheduling difficulties • Lack of childcare
STAFF		• Increased retention and engagement • Remote and multiple home families could participate • Opportunity to connect across the state	• Technology and internet access • Additional time and personnel required • Delivery of supplies

Virtual SFP 10-14 Acceptability

ll ■ Slightly ■ Moderately ■ Very ■ Extremely

you like virtually attending SFP 10-14?

63%	25%	13%

13%	50%	25%

did you feel to the group?

Caregiver
13%	38%	38%	13%

Youth
13%	25%	50%	13%

Planning and piloting program adaptation.

Escoffery et al. (2019) Key adaptation steps.

Planning and piloting program adaptation.

Secured funding → Assess community

Understand the intervention

Select intervention

Consult with experts

Identify components → Adapt the original program

Decide what needs adaptation

Consult with key audiences ← Focus groups

Train staff

Test the adapted materials

Implement

Evaluate

STRENGTHENING Families PROGRAM
FOR PARENTS AND YOUTH 10-14
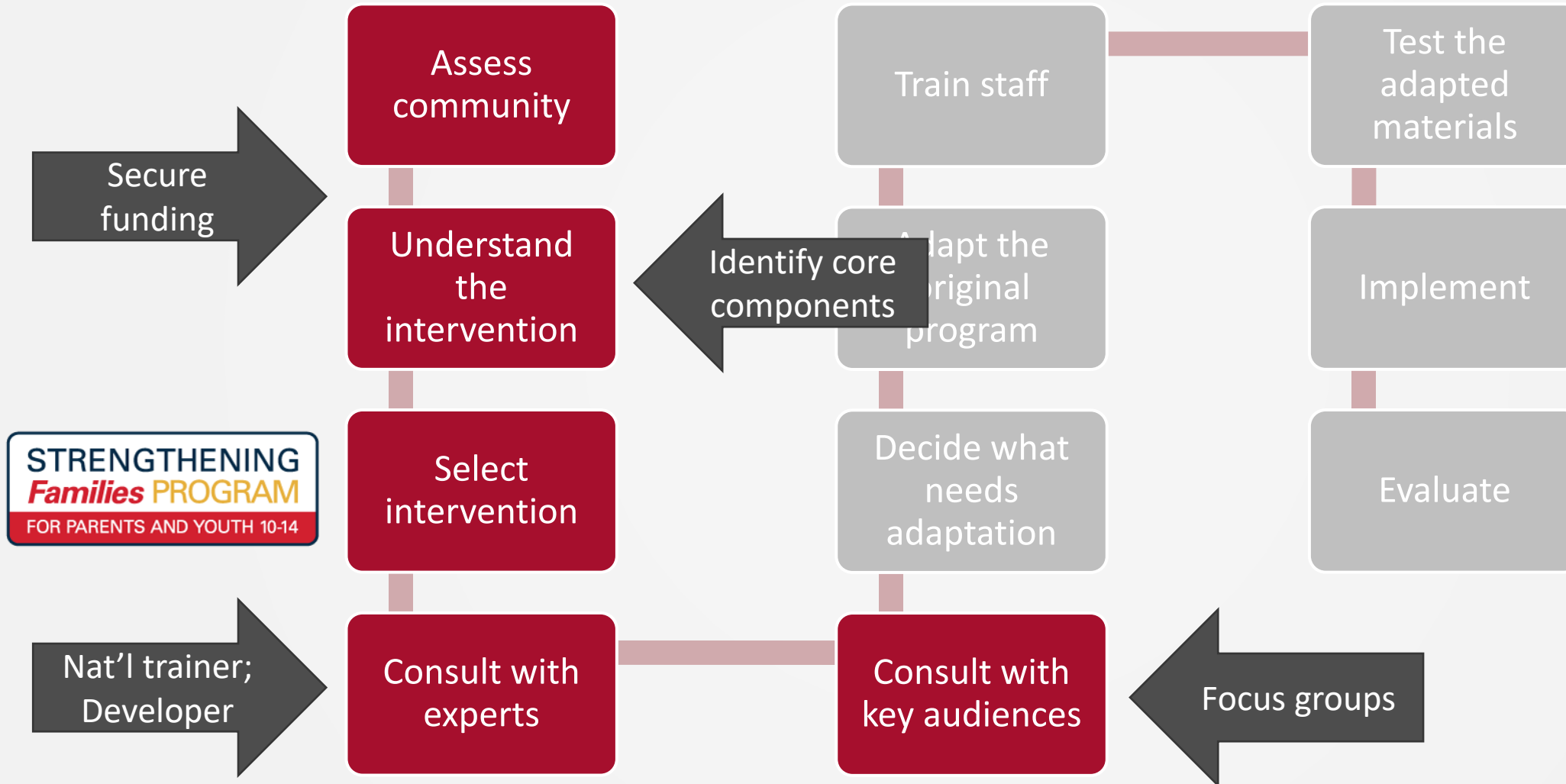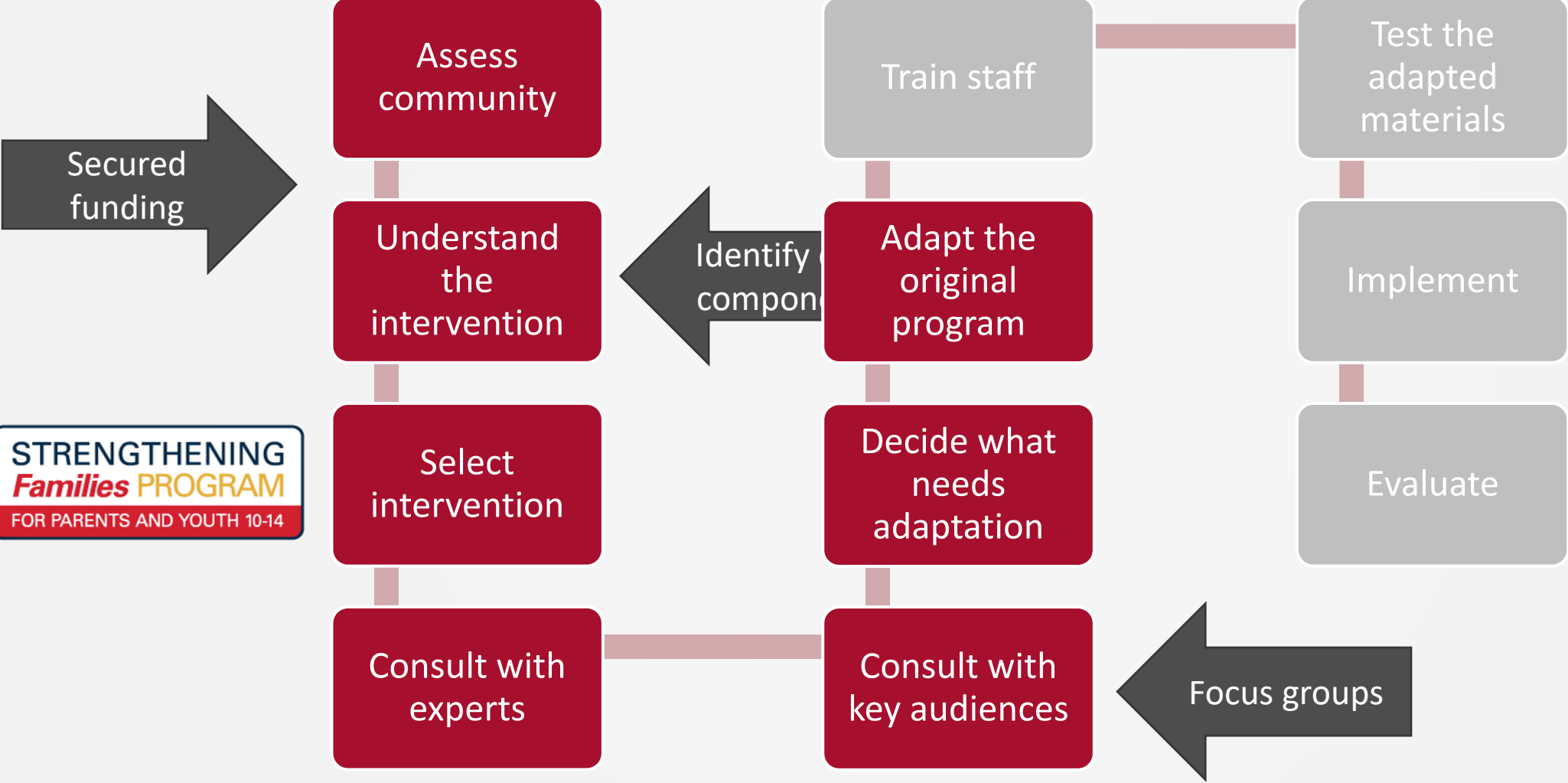
Escoffery et al. (2019) Key adaptation steps.

Documenting and making adaptation decisions.

Stirman et al. (2019) FRAME; Kirk et al. (2020) MADI.
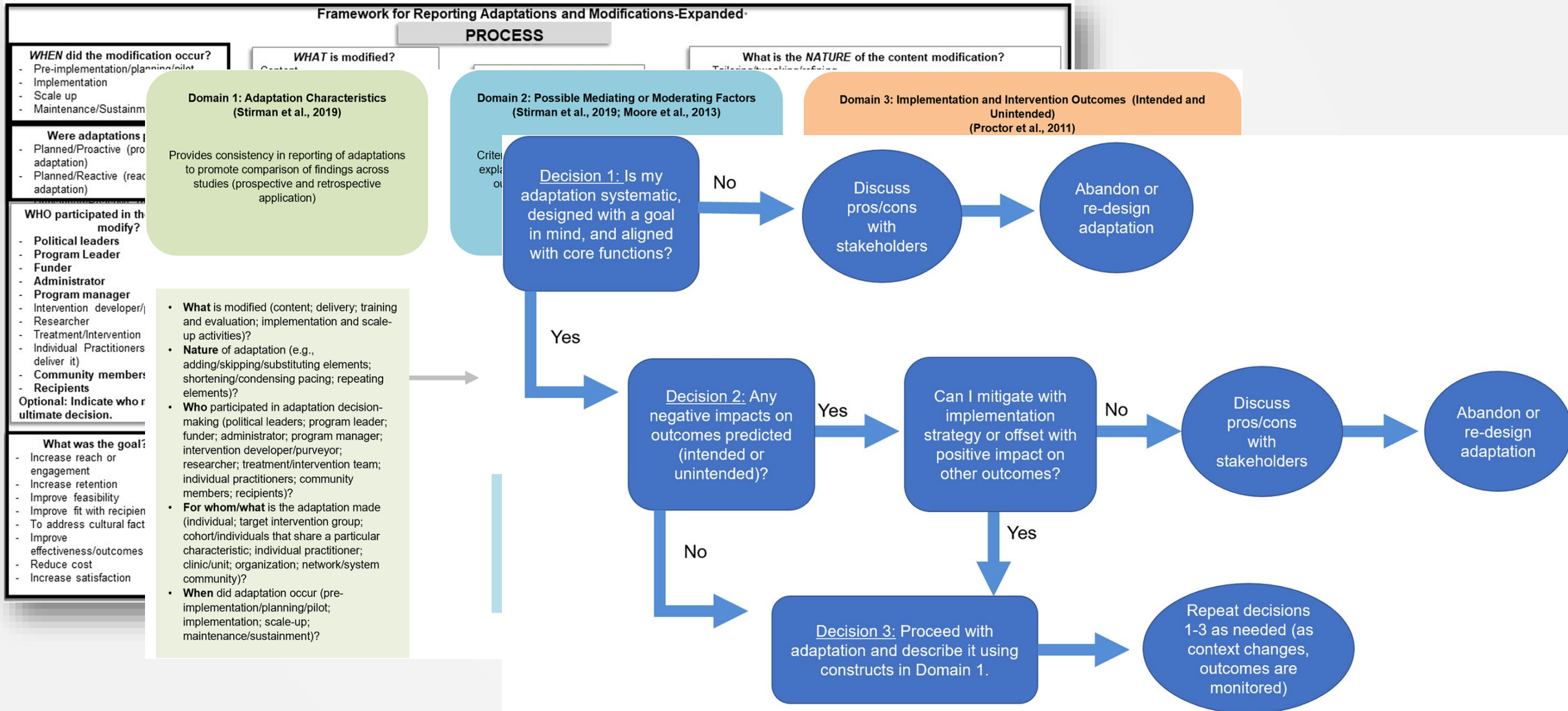
Adaptation example #1

- Add a new session at the end focused on cannabis use

Concerns about:

- Extending the length of the program might increase participant burden → more likely to dropout

- Youth being exposed to cannabis-specific information

Using the MADI decision guide.

- Additional session focused on cannabis for youth and caregivers

Decision 1:
Is my adaptation systematic, designed with a goal in mind, and aligned with core functions?

YES

Decision 2:
Are there any negative impacts on outcomes predicted (intended or unintended)?

YES

Can I mitigate with implementation strategy or offset with positive impact on other outcomes?

NO

Discuss pros/cons with stakeholders → abandon or re-design adaptation
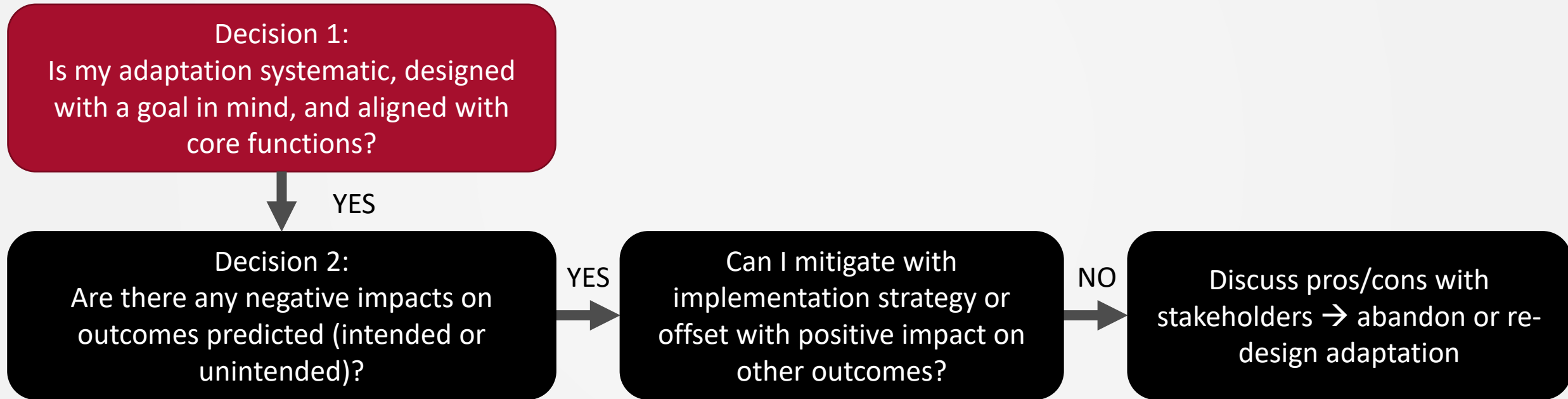
Adaptation example #2

- Add 15 minutes of cannabis-specific content to each caregiver session
- Add 15 minutes of general substance use-related content to each youth session

Principles used to guide additions:

- Add new content and resources in alignment with content for that session
- Add new content and resources in alignment with feedback from facilitators and caregivers
- Assure additions do not include elements of ineffective programs

Using the MADI decision guide.

- Additional 15-minutes to each session for youth and caregivers

Decision 1:
Is my adaptation systematic, designed with a goal in mind, and aligned with core functions?

↓ YES

Decision 2:
Are there any negative impacts on outcomes predicted (intended or unintended)?

↓ NO

Proceed with adaptation and describe, document, and monitor its impact. →

Repeat decisions as needed (as context changes, outcomes are monitored)

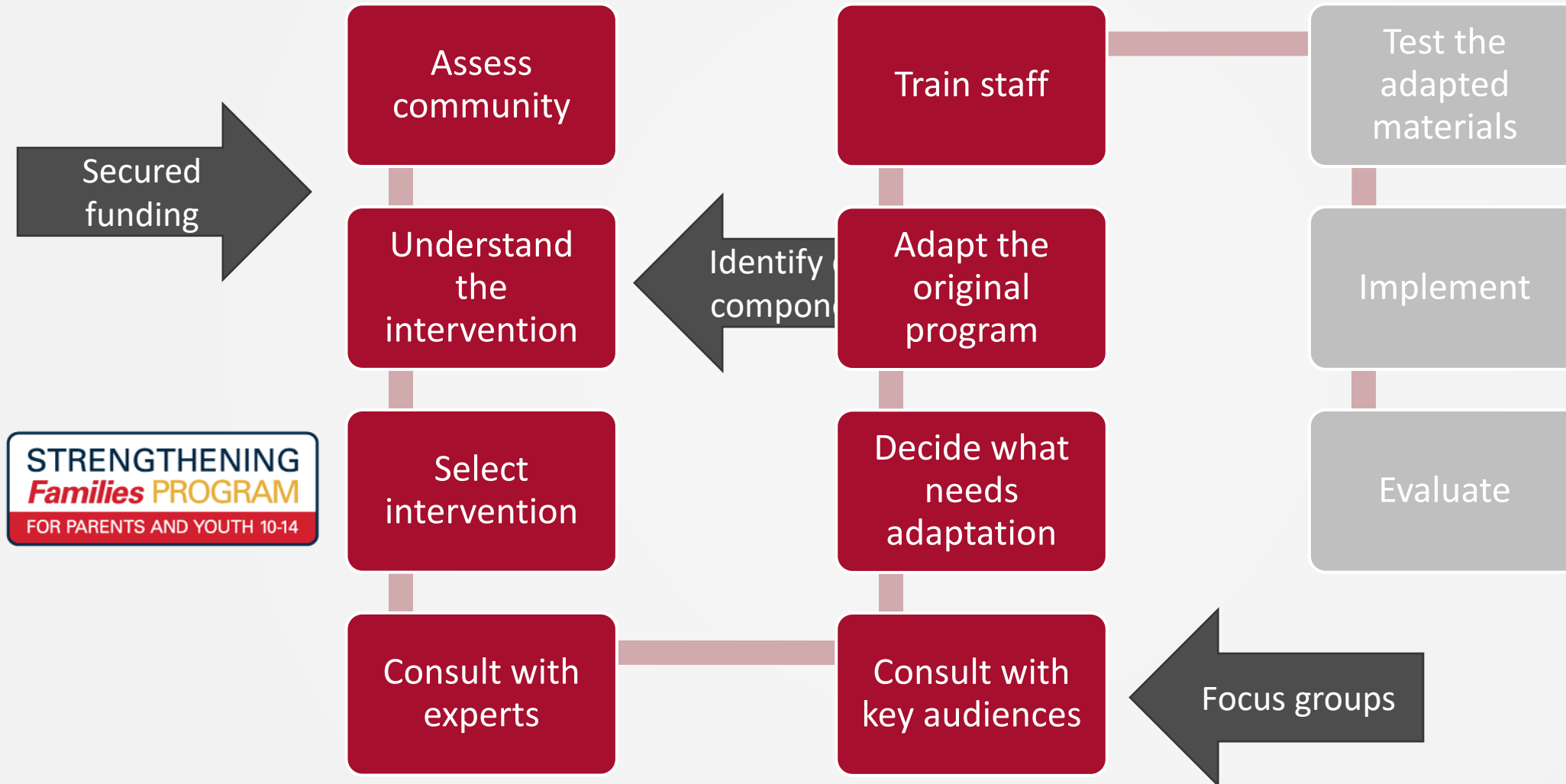**Caregiver Adaptation Example**

- Session 2: Making House Rules – added 15 minutes related to safe storage/disposal of cannabis and house rules regarding cannabis safety
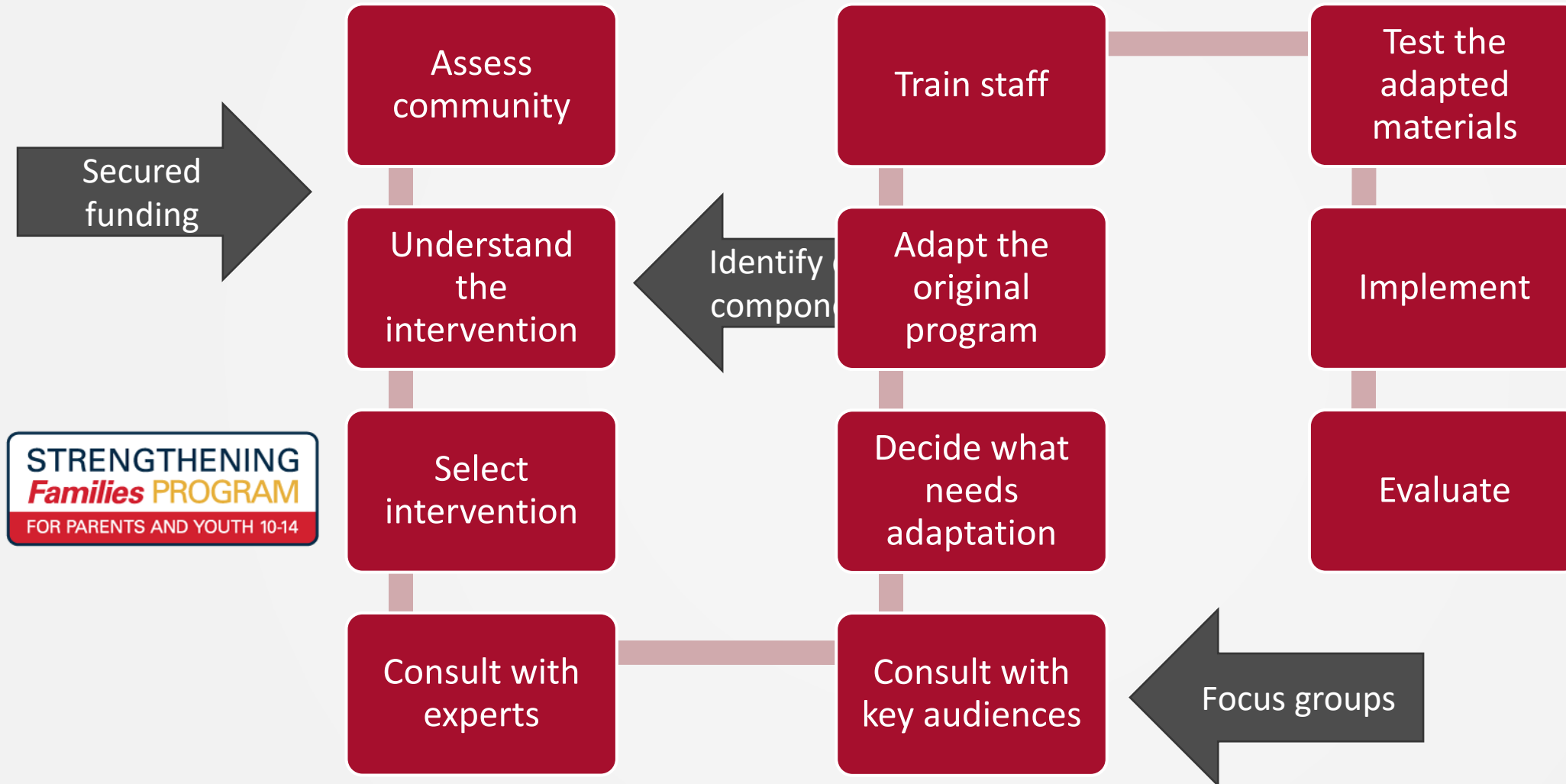
Youth Adaptation Example

- Session 3: Dealing with Stress – added 15 minutes related to decision-making and normalizing non-drug use; make 'coping choices tool' to use in activity where they practice making healthy choices under stressful situations

Planning and piloting program adaptation.

Escoffery et al. (2019) Key adaptation steps.

Planning and piloting program adaptation.

Escoffery et al. (2019) Key adaptation steps.

Planning and piloting program adaptation.

Secured funding →

Assess community

Understand the intervention

Select intervention

Consult with experts

← **Identify components**

Train staff

Adapt the original program

Decide what needs adaptation

Consult with key audiences ← **Focus groups**

Test the adapted materials

Implement

Evaluate

STRENGTHENING Families PROGRAM FOR PARENTS AND YOUTH 10-14

Escoffery et al. (2019) Key adaptation steps.

Thank you!

Acknowledge collaborators:

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