



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

Elizabeth Weybright, PhD

Prevention Research Subcommittee Meeting

March 21, 2023

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.

TBM

ORIGINAL RESEARCH

A scoping study of frameworks for adapting public health evidence-based interventions

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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 inform steps in the adaptation process for evidence-based interventions (EBIs).

Policy: Funders or agencies that support the use of EBIs should encourage or incentivize implementing them to report on any adaptations and the steps taken for the modification.

Research: Future research should explore the use of these frameworks in adaptation research in the field and their impacts on health.

(T1) and effectiveness studies (T2) [5], some adaptation occurs after T1 in adaptation. Adaptations may be made to the original content, delivery, logistics, training, and materials [4, 7]. Some researchers say that adaptation is an essential and natural step in the implementation

Table 1 | Key adaptation steps and descriptions

Step name	Step descriptions
1. Assess community	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Identify and review relevant EBPs and their program materials Understand the theory behind the programs and their core elements
3. Select intervention	<ul style="list-style-type: none"> Select the program that best matches the new population and context
4. Consult with experts	<ul style="list-style-type: none"> Consult content experts, including original program developers, as needed Incorporate expert advice into program
5. Consult with stakeholders	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Decide whether to adapt or implement original program 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Select and train staff to ensure quality implementation
9. Test the adapted materials	<ul style="list-style-type: none"> Pretest adapted materials with stakeholder groups Conduct readability tests Pilot test adapted EBP in new target population Modify EBP further if necessary
10. Implement	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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

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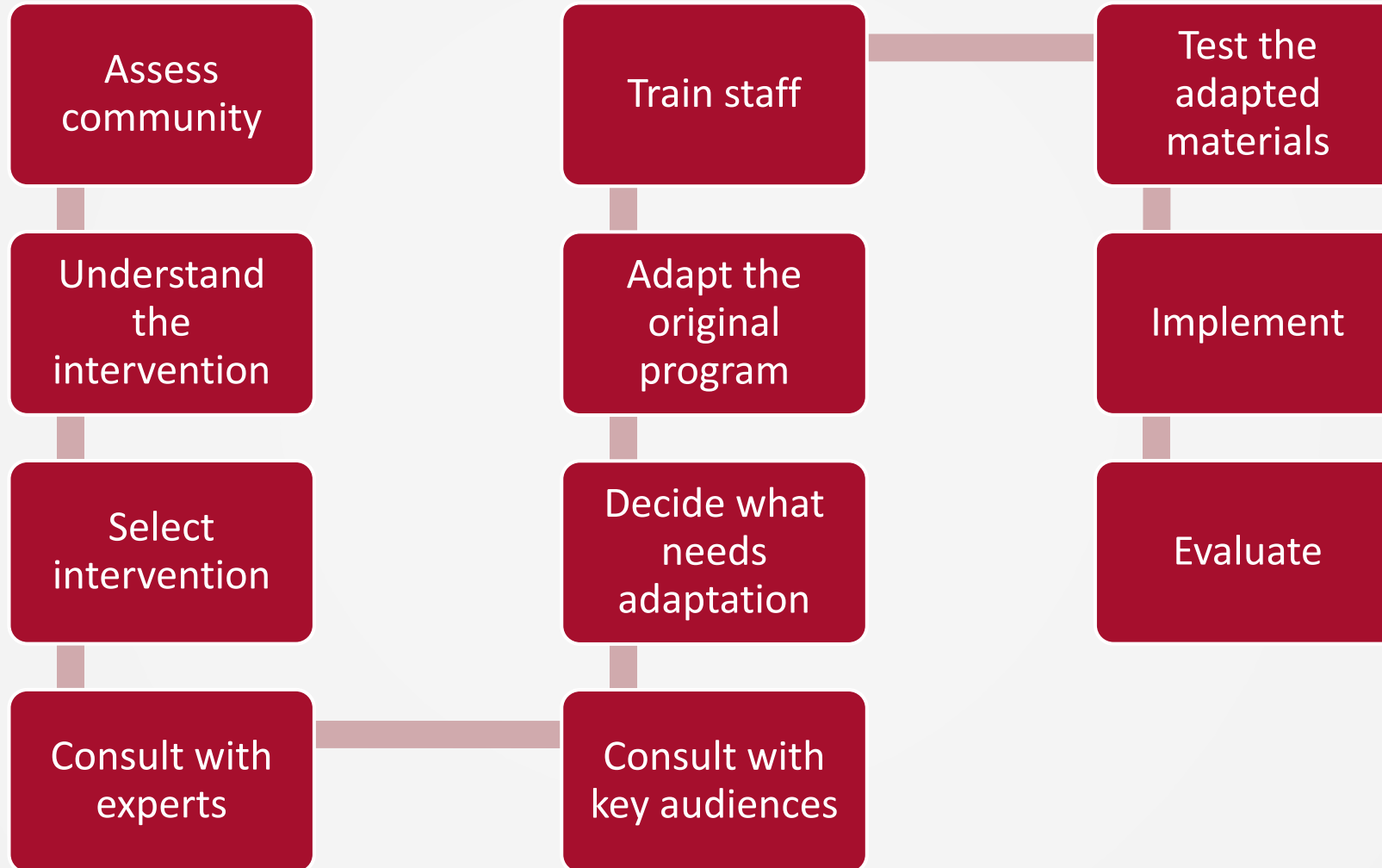
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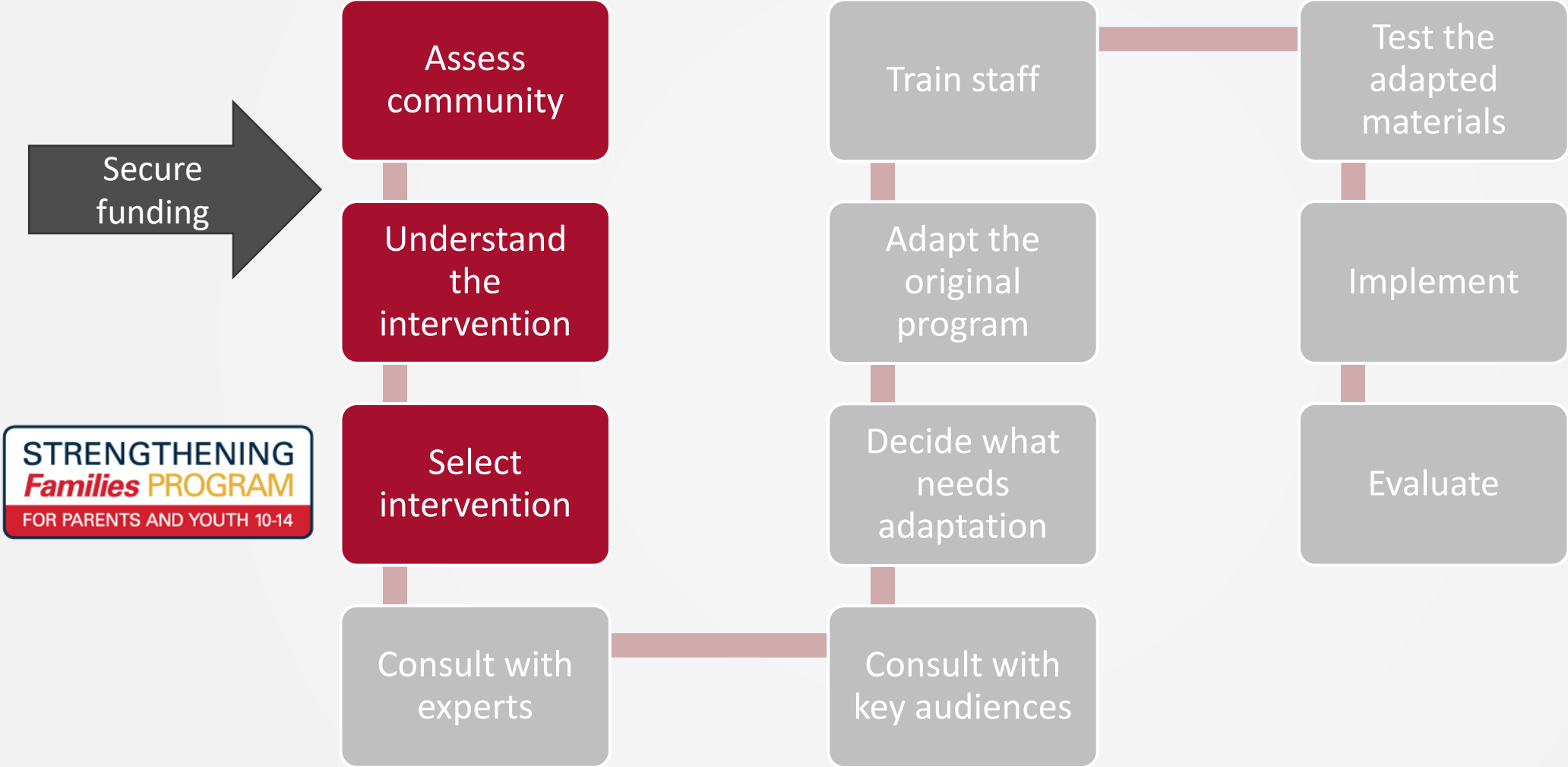
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Planning and piloting program adaptation.



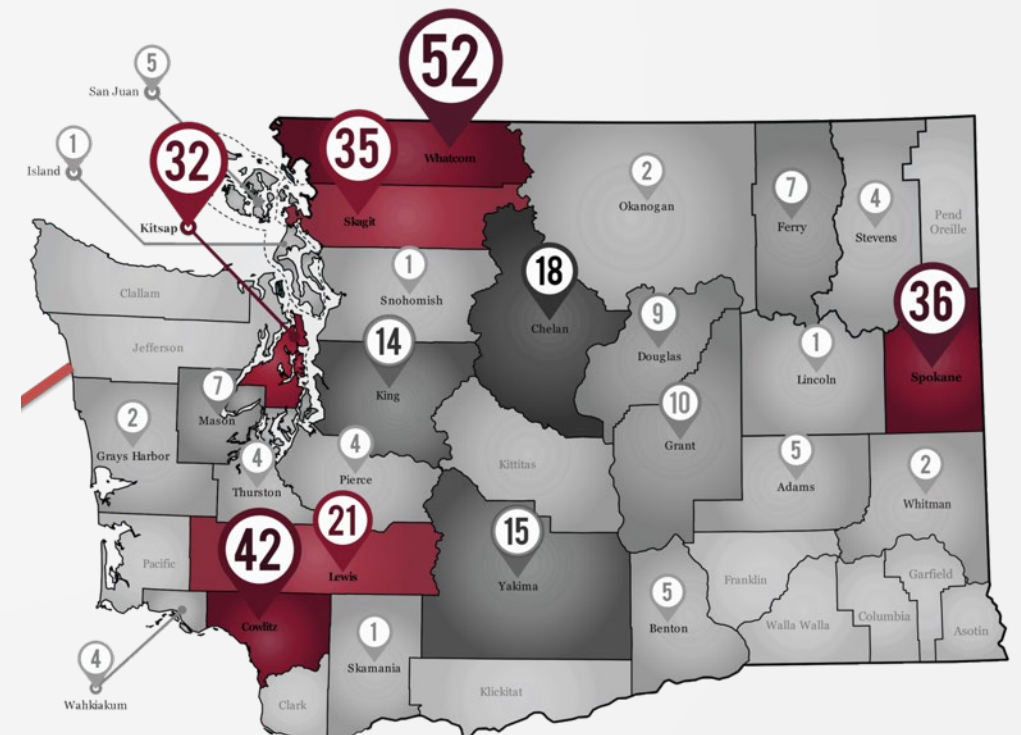
Planning and piloting program adaptation.



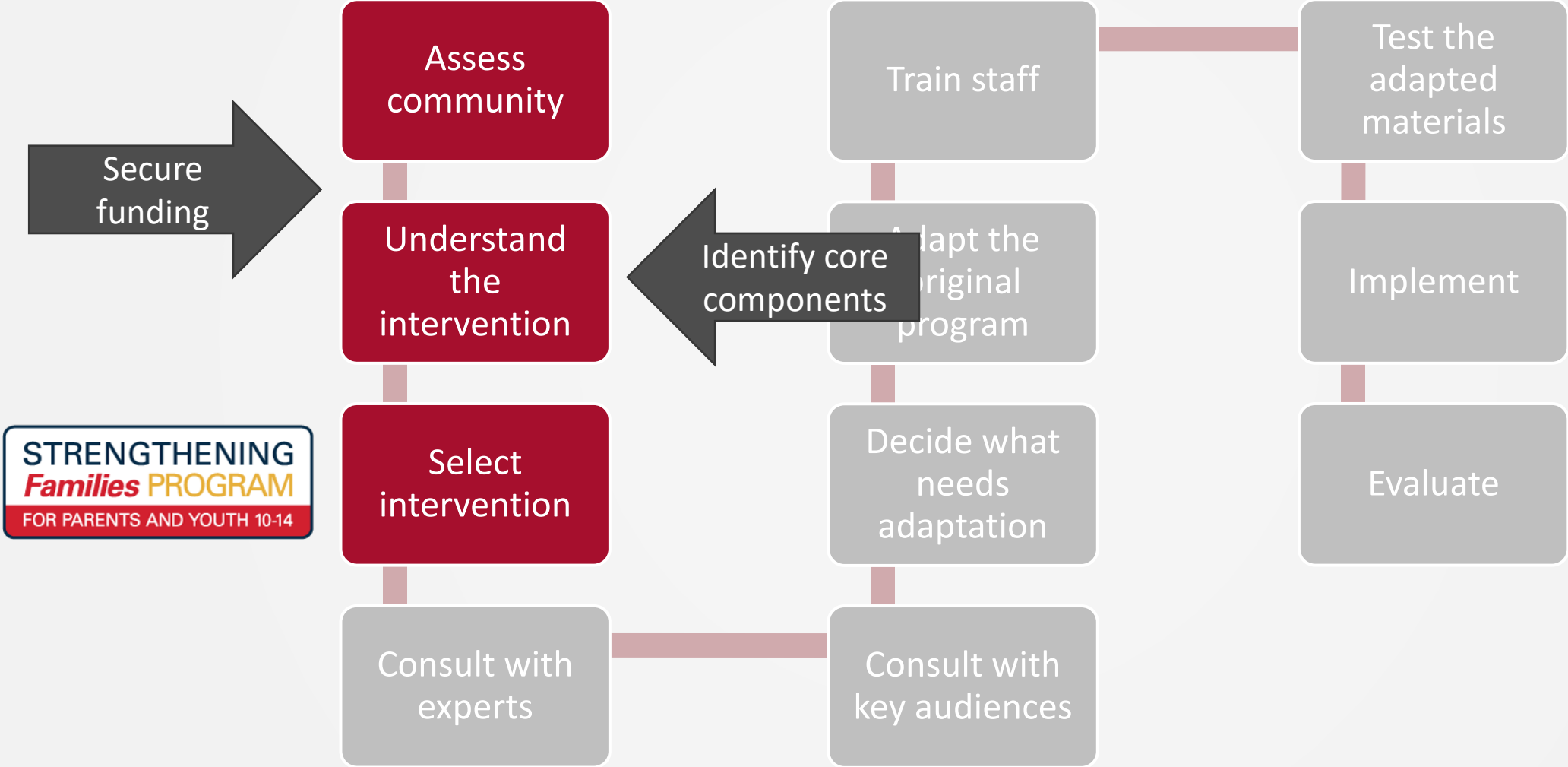
Washington's history of SFP 10-14.

<https://sfp.wsu.edu/>

- 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.

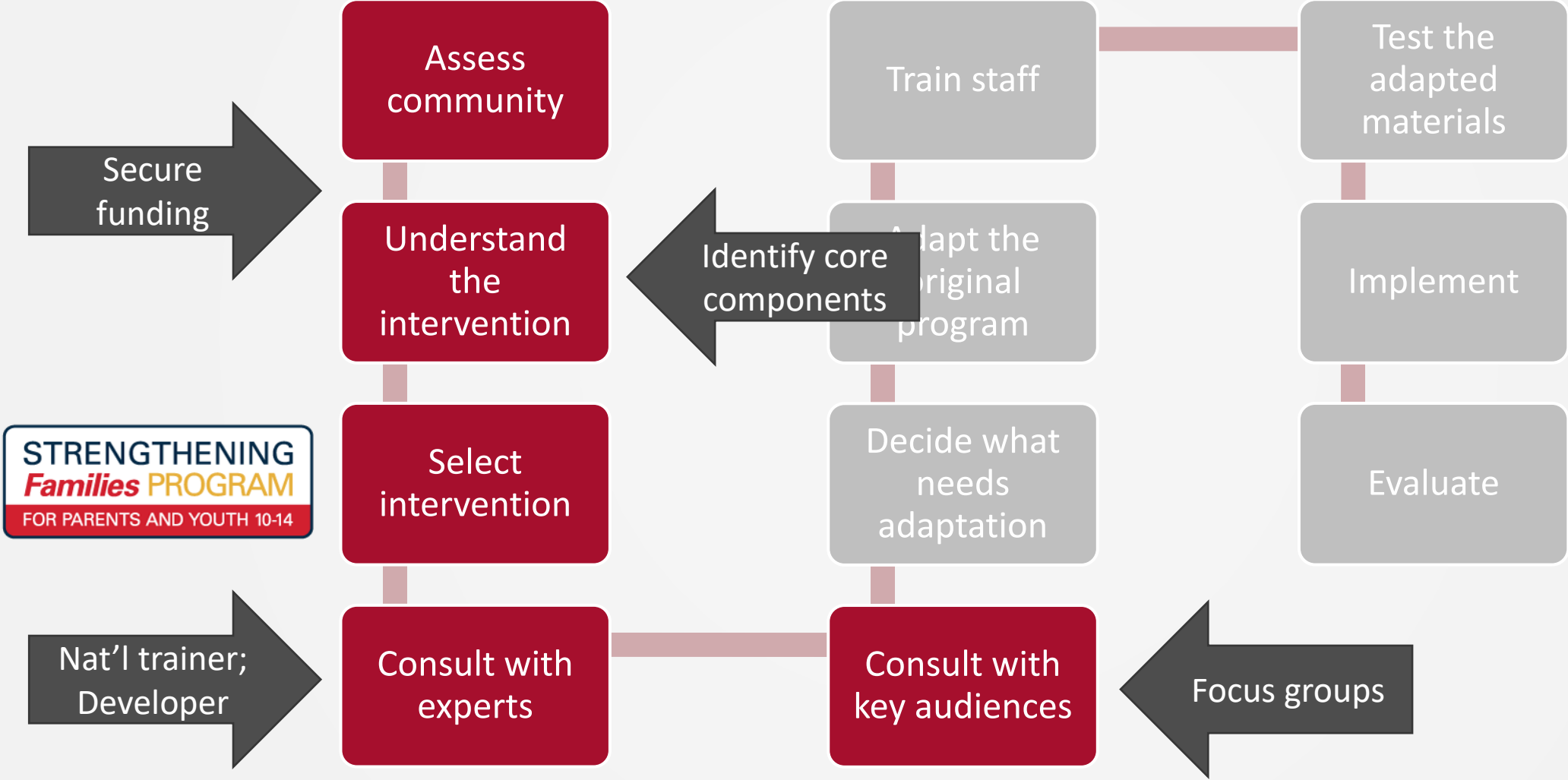


Planning and piloting program adaptation.



Escoffery et al. (2019) Key adaptation steps.

Planning and piloting program adaptation.



Escoffery et al. (2019) Key adaptation steps.

Responding to emergent needs.

VIRTUAL ADAPTATION OUTLINE



KEY:

- Survey
- Discussion (no share screen)
- DVD (on share screen)
- PowerPoint (on share screen)

SESSION 1 — PARENT | CAREGIVER

Pre-Session Include in Take-Home Materials: "Caregiver Reflections: Before the Program", and pre-addressed/stamped envelope.

NOTICE: The video time-stamps in this outline are based on the new and updated 2020 videos. If using previous DVDs, disregard time-stamps listed.

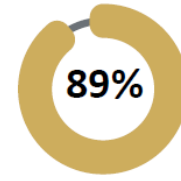
Activity # Name	Session changes	Need-Utilize-Technology-Logistics	Who's Responsible?	Supplies to send home
Sponge Activity		*Link out to resource* https://www.whatihavelearnedteaching.com/80-sponge-activities/		
Welcome and Introduction (1 min)	Normal welcome; then share PPT: Tools for Parents	PPT: Tools for Parents	IT: Share PPT: Tools for Parents	Tools for Parents poster
Get-Acquainted Activity and Guidelines (9 min)	Normal for getting acquainted; then share PPT: Guidelines. One ground rule to discuss is leaving cameras on and faces on the camera for the majority of the sessions. It is OK to be off screen for a quick moment but we like to see that they are engaged. For some participants this may not be possible, and that is ok.	PPT: Guidelines Annotate Guidelines	IT: Share PPT Guidelines. Annotate ground rules. Before moving on, save annotation for later use. Then clear annotation from screen	
Start video (2.5 min) 0:00-2:45	Facilitator 1 talks through answers with caregivers; Facilitator 2 watches chat	DVD: Using Love and Limits Chat box/Open mic	IT: Share video	
Activity 1.1 Teen Problems (5 min) 2:46-7:42	Share PPT: Teen Problems. Caregivers can annotate, use mic, or use chat box. Facilitator 1 adds verbal responses. Facilitator 2 adds chat responses	PPT: Teen Problems Annotate/Chat box/Open mic	IT: Share PPT: Teen Problems. Before moving on, save annotation and then clear annotation	
Back to Video 7:43-9:37		DVD: Love and Limits		
Activity 1.2 Qualities You Want in Your Child (7 min) 9:38-16:37	Share PPT: Ideal Child. Caregivers can annotate, use mic, or use chat box. Facilitator 1 annotates verbal responses. Facilitator 2 annotates chat responses.	PPT: Ideal Child Annotate responses Annotate/Chat box/Open mic	IT: Share PPT: Ideal Child. Before moving on, save annotation and then clear annotation.	
	Facilitator 1 talks through answers with caregivers; Facilitator 2 watches chat	DVD: Results of Harsh Parenting Chat box/Open mic	IT: Share video	

This outline was developed as a response to the need for continued family management and resilience programming in the context of a global pandemic where in-person programming was not an option. While we know that in-person delivery is the best choice for SFP 10-14, we recognize that health and safety restrictions do not allow for this preferred mode of delivery at this time.

This a working outline intended to provide facilitators with guidance as they transition their SFP 10-14 programming from in-person to virtual delivery. The accompanying training is not a replacement for new facilitator training. This outline is designed for previously trained and certified facilitators and primarily focuses on the adaptations or adjustments associated with utilizing a virtual platform for program delivery. Fidelity to the curriculum is of the utmost importance and should be maintained. This outline follows the evidence-based curriculum; any other adaptations, adjustments, or modifications should be discussed with your SFP 10-14 Master Trainer and/or the developers of the program at Iowa State University prior to implementation to assure adherence to fidelity.

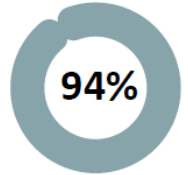
Virtual delivery was acceptable.

Figure 1. Virtual SFP 10-14 Facilitator Training Satisfaction



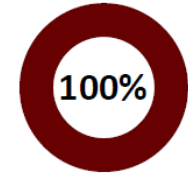
Very Satisfied with Online Training Quality

Would Recommend Training to a Colleague



I Use Online Training to Change Current Practice

Expect Training to Benefit Professional Development



	SUCCESSSES	CHALLENGES
YOUTH & CAREGIVER	<ul style="list-style-type: none"> Added safety during COVID-19 Increased convenience and accessibility Spending quality time with family 	<ul style="list-style-type: none"> Attending two sessions per week Scheduling difficulties Lack of childcare
STAFF	<ul style="list-style-type: none"> Increased retention and engagement Remote and multiple home families could participate Opportunity to connect across the state 	<ul style="list-style-type: none"> Technology and internet access Additional time and personnel required Delivery of supplies

Virtual SFP 10-14 Acceptability

Legend: ■ Slightly ■ Moderately ■ Very ■ Extremely

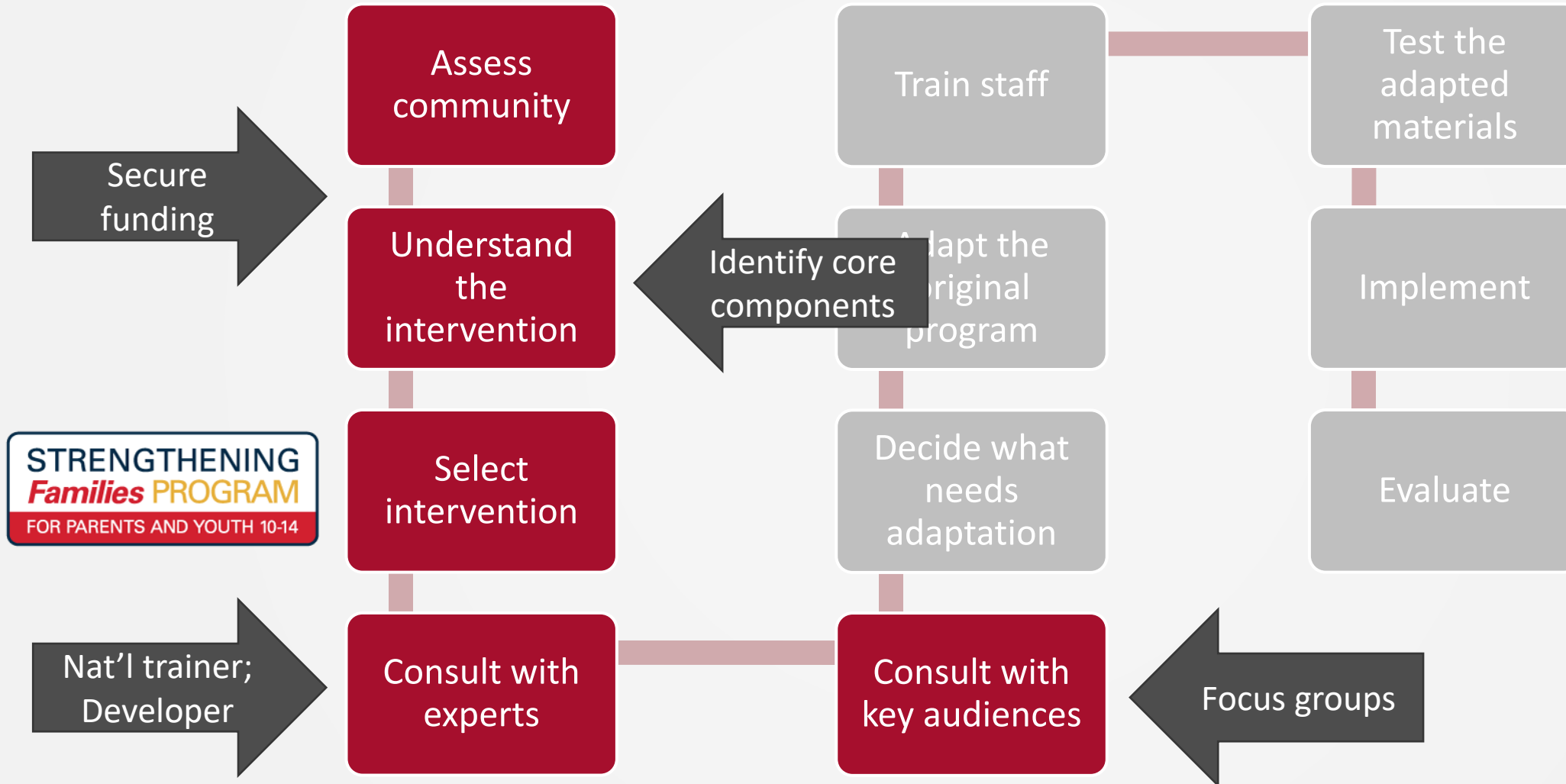
How do you like virtually attending SFP 10-14?



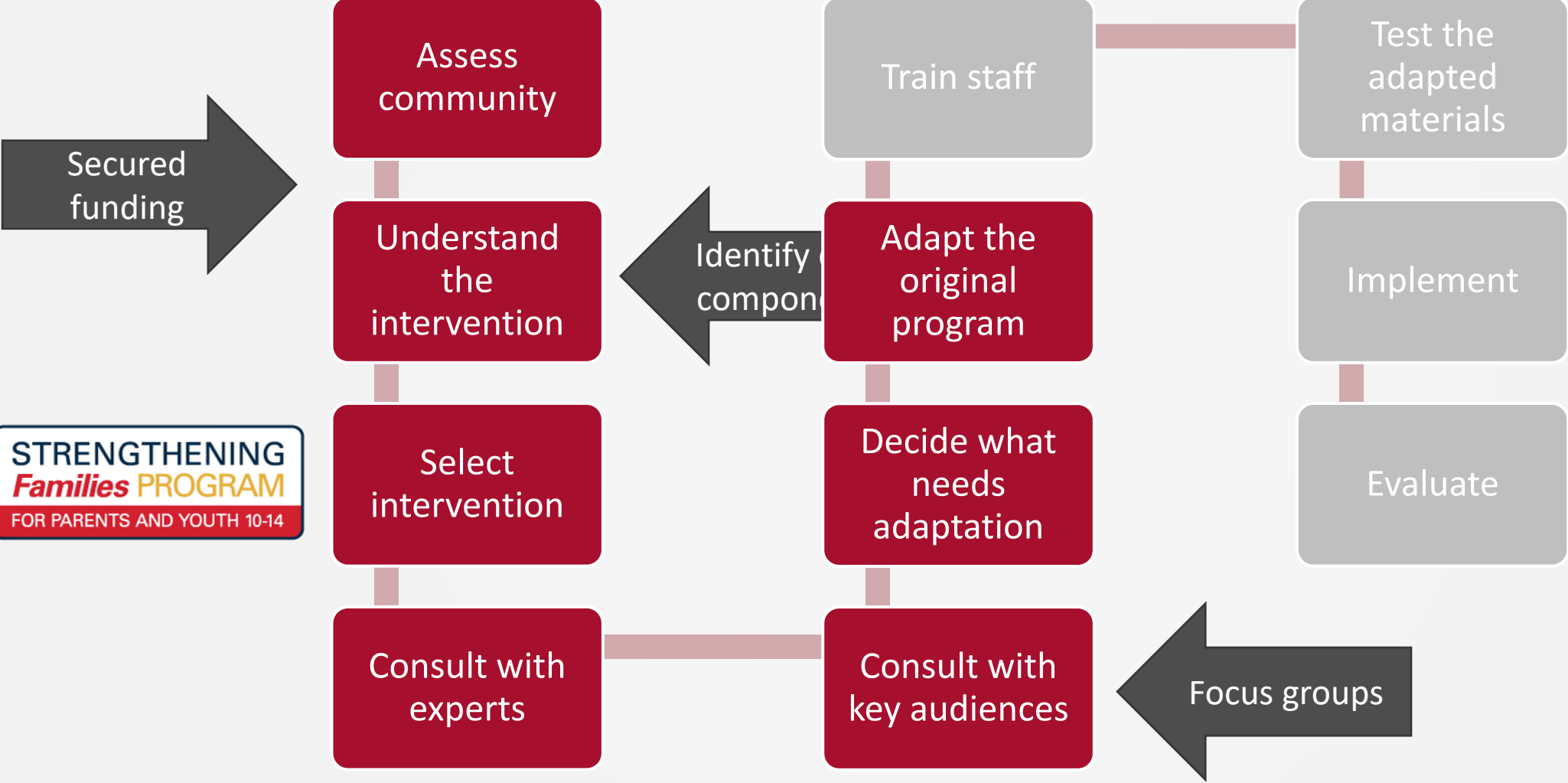
How do you feel to the group?



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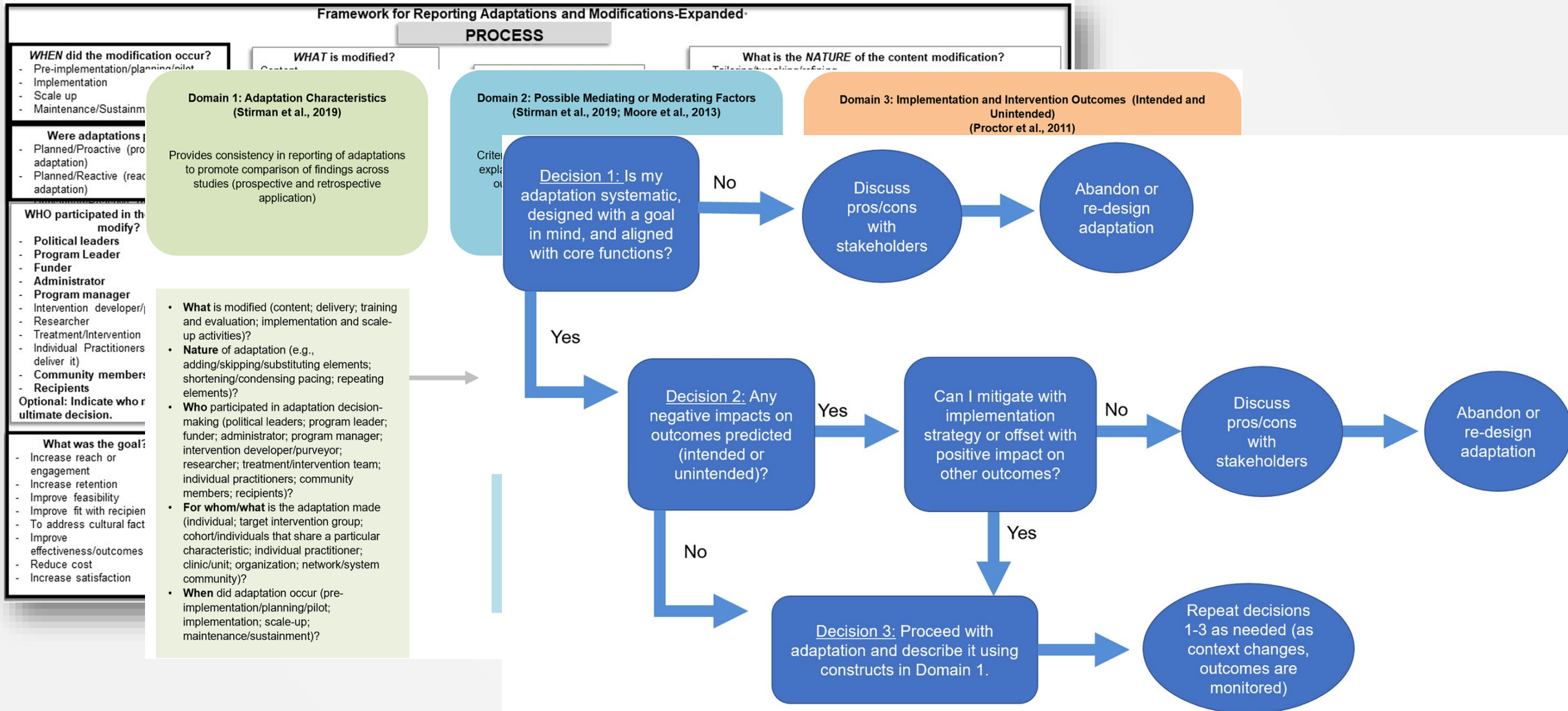


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Escoffery et al. (2019) Key adaptation steps.

Documenting and making adaptation decisions.



Adaptation example #1

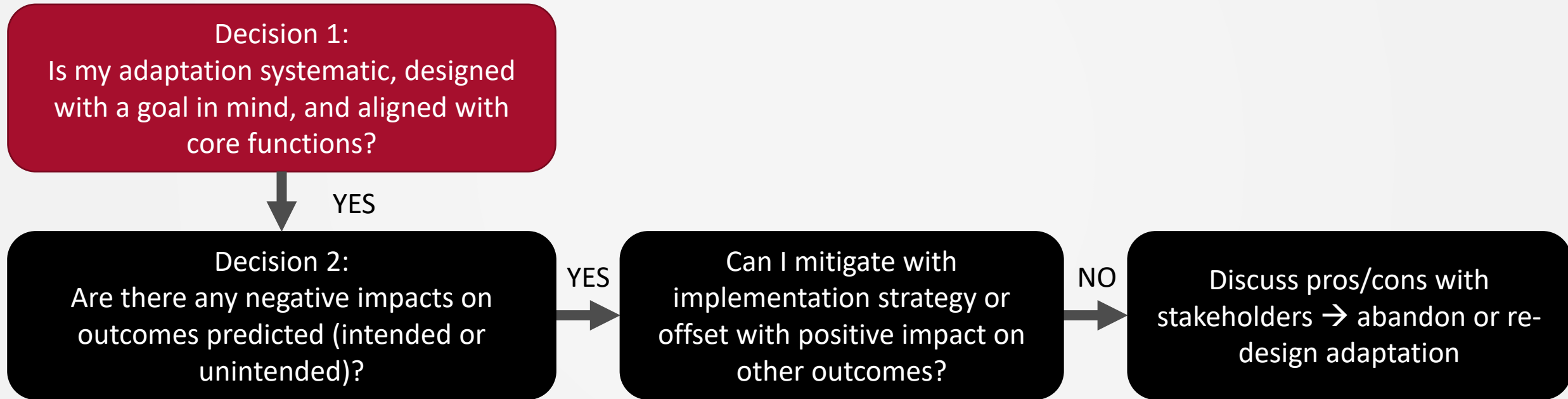
- Add a new session at the end focused on cannabis use

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 MADl decision guide.

- Additional session focused on cannabis for youth and caregivers



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 MADl 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.

Caregiver Adaptation Example

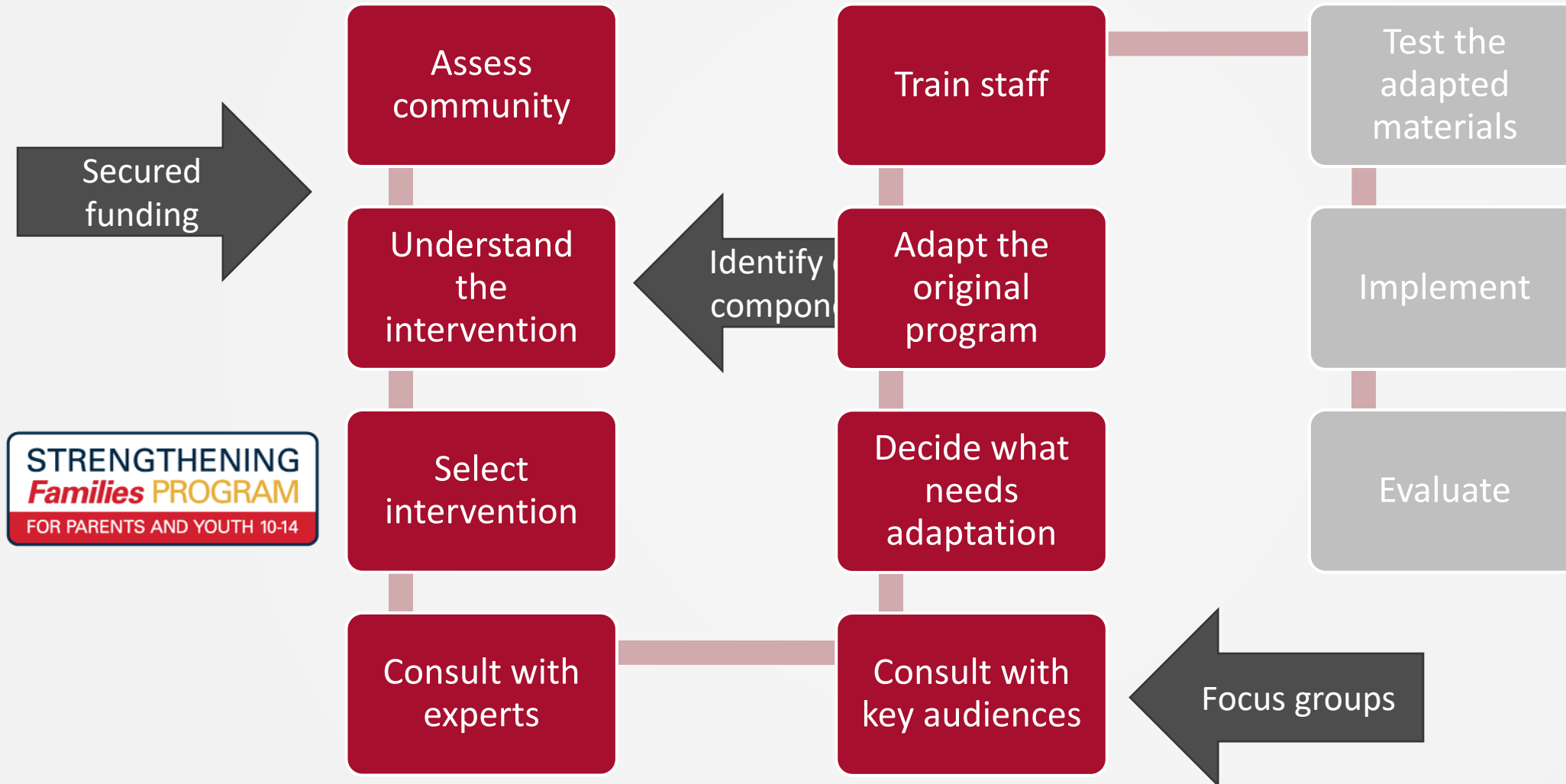
- Session 2: Making House Rules – added 15 minutes related to safe storage/disposal of cannabis and house rules regarding cannabis safety

Youth Adaptation Example

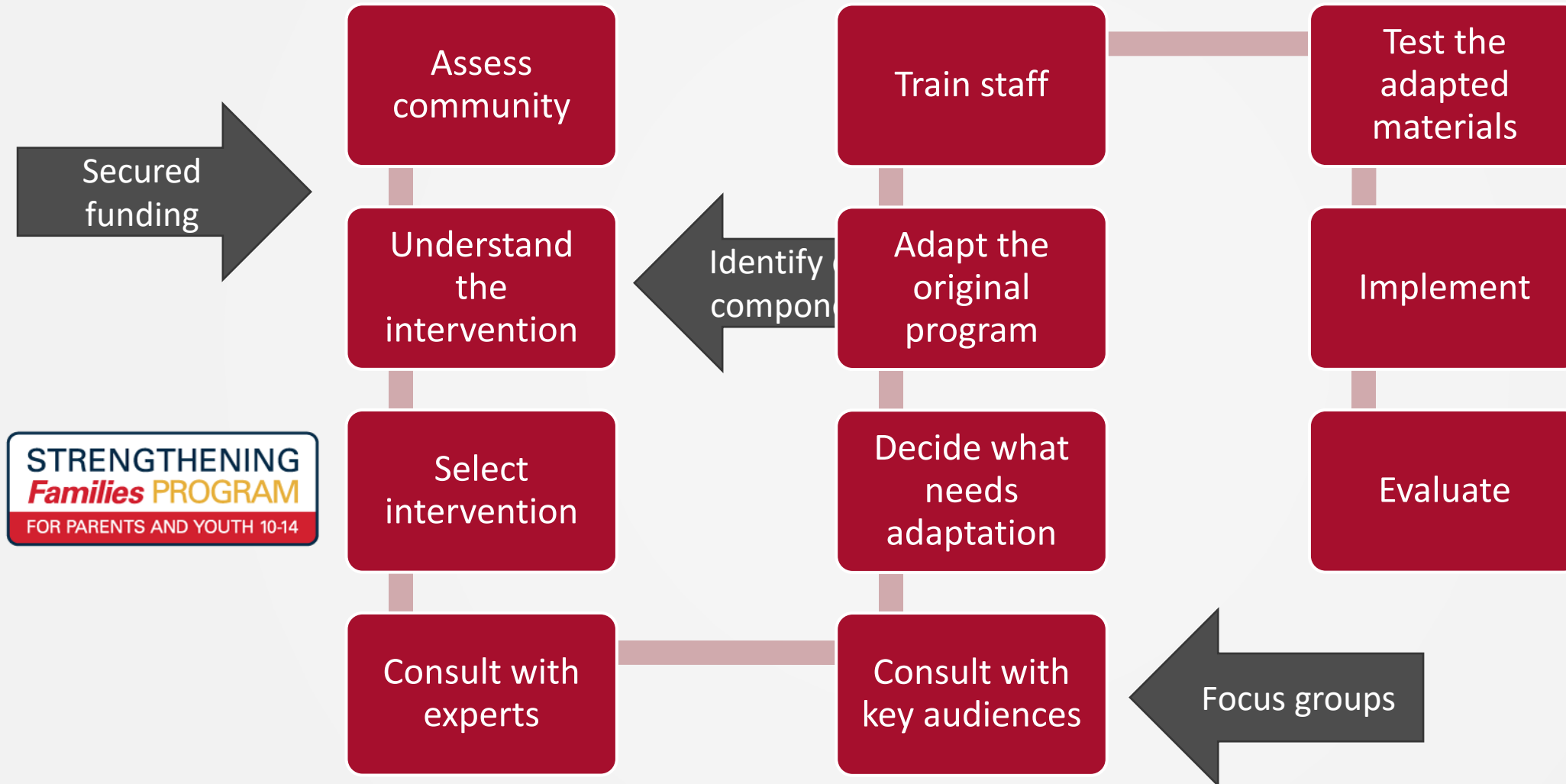
- Session 3: Dealing with Stress – added 15 minutes related to decision-making and normalizing non-drug use; make ‘coping choices tool’ to use in activity where they practice making healthy choices under stressful situations

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

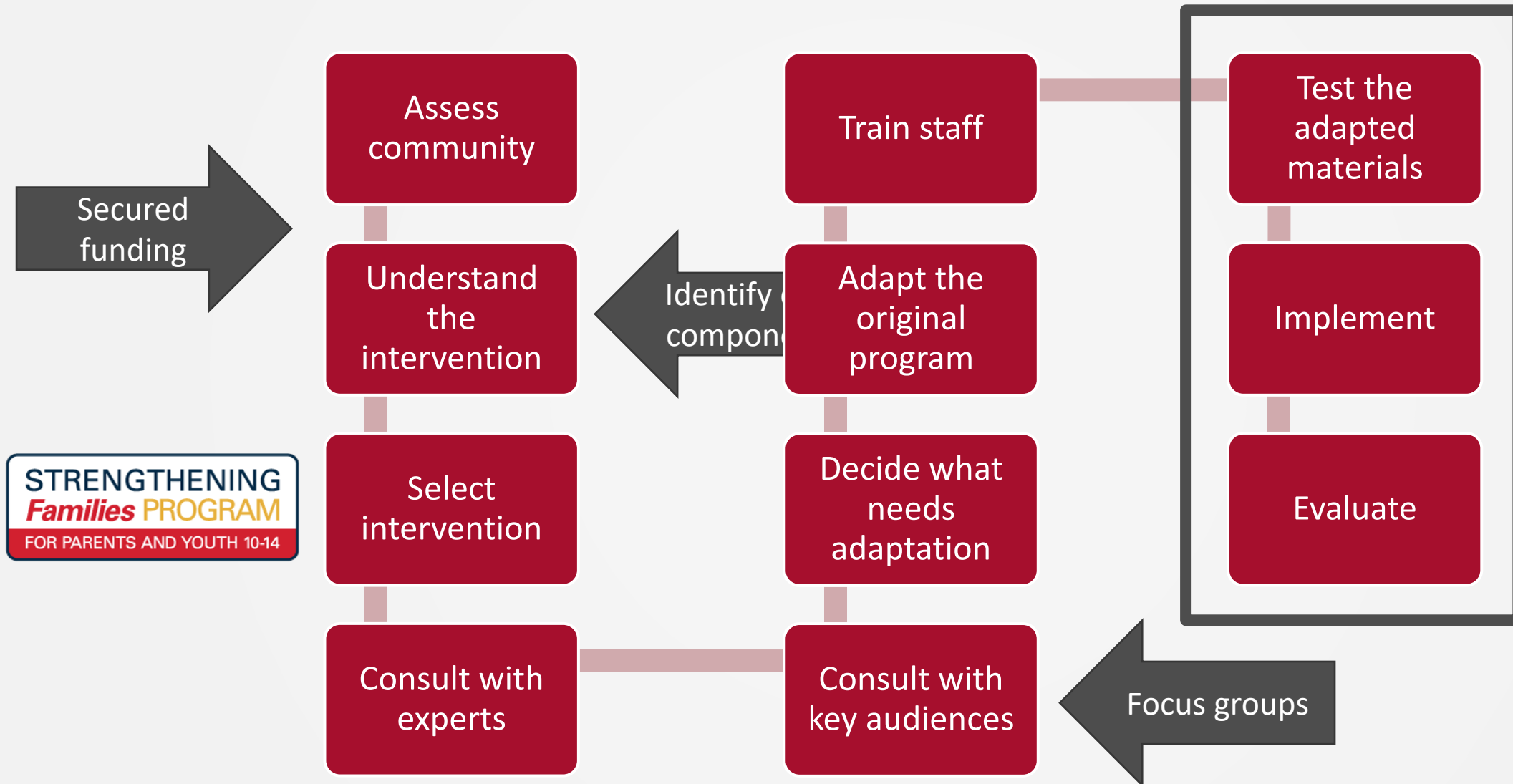
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Thank you!

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