



# Making Adaptations Tip Sheet



## Making Adaptations to Evidence-Based Programs Overview

Adaptation is a process of making changes to an Evidence-Based Program (EBP) so that it is more suitable for a particular population or an organization's setting or program structure without compromising or deleting its core components.

This Tip Sheet can serve as a guide for grantees considering program adaptations and provides information that can be utilized to implement appropriate adaptations that do not negatively impact program outcomes.

## What is an Evidence-Based Program (EBP)?

An evidence-based program (EBP) is a program proven through rigorous evaluation to be effective at changing sexual risk-taking behavior among youth.

Although there are countless teen pregnancy, STI and/or HIV prevention programs implemented throughout the United States and internationally, not all have been proven effective in changing sexual risk-taking behavior. The US Department of Health and Human Services (DHHS) Office contracted with Mathematica Policy Research, Inc to identify EBPs that have been researched and scientifically proven to effectively change sexual risk-taking behavior. ([www.hhs.gov/ash/oah/prevention/research/programs/index.html](http://www.hhs.gov/ash/oah/prevention/research/programs/index.html)).

Evidence-Based Programs on the DHHS list demonstrate:

- Evidence of a positive, statistically significant impact on at least one of the following outcomes:
  - Sexual activity (initiation; frequency; rates of vaginal, oral and/or anal sex; number of sexual partners)
  - Contraceptive use (consistency of use or one-time use, for either condoms or another contraceptive method)
  - Sexually transmitted infections (STIs)
  - Pregnancy or birth
- A positive, statistically significant impact for either the full analytic sample or a subgroup defined by (1) gender or (2) sexual experience at baseline.

EBPs have typically been proven effective with specific populations (e.g., race, ethnicity, age, and grade-level) and in a particular setting (e.g., schools, clinics, communities). Knowing which population and setting were used in the original evaluation study or replicated studies is important when selecting the most appropriate program for youth, the organization, and achievement of health goals.

PREP Grantees are not limited to selecting one of the 28 model EBPs identified in the DHHS study. Additionally, grantees have the option of replicating EBPs or substantially incorporating elements of effective programs that have been proven on the basis of rigorous scientific research. (See State PREP Funding Opportunity Announcement, Section I.3.ii.)

## Why Make Adaptations to a Selected EBP?

When an evidence-based program is being considered for use with a particular organization and target population, it is important to assess not only the fit of that particular program, but also any concerns and potential adaptations that might need to be made. Doing so prior to implementing the program will increase the likelihood of the program's acceptance by the target population, thereby leading to positive behavioral outcomes for participants. (Please see the PREP *Fit and Selection Tip Sheet* for details on selecting an EBP that best fits organizational and target population needs).

Not all adaptations are good ones, especially if they are not easily integrated with the EBP's core components. It is important to use tools such as core components and adaptation guidelines when assessing the appropriateness of all adaptations and planning for any changes to EBPs.

The decision to make adaptations should also be driven by acceptable motives. For example, updating an EBP's factual information and/or adjusting activity scenarios to make them more suitable to the population being served are typically seen as acceptable motives for adaptations. Other acceptable motives for adaptations may take into account organizational/contextual limitations (e.g., either shorter or block schedule classes, policies against condom demonstrations, etc.). However, adaptations are not encouraged when the purpose is to make it easier or more convenient to implement the program; to stick to what is familiar or fun; to drop controversial topics; or because educators lack appropriate training or preparation.

All adaptation changes, regardless of their motives, need to be reviewed and approved in the context of maintaining fidelity to the core components.

## Fidelity to EBPs and Core Components

**Fidelity** is the faithfulness with which a curriculum or program is implemented; that is, how well the program is implemented without compromising the program's core components.

**Core components of an evidence-based program** are the characteristics that must be kept intact when the program is being replicated or adapted, in order for it to produce program outcomes similar to those demonstrated in the original evaluation research (i.e., the essential ingredients of an evidence-based program).

Core components are separated into three categories:

1. **Content:** WHAT is being taught
  - Content involves the knowledge, attitudes, values, norms, and skills that are addressed in the program's learning activities and that are most likely to change sexual behaviors.
  - This component is also referred to as "**adherence**," or whether the program was delivered or implemented as it was designed or written.

2. **Pedagogy:** HOW the content is taught
  - Pedagogy involves the teaching methods, strategies, and youth-facilitator interactions that contribute to the program’s effectiveness.
  - This component is also referred to as “**quality of program delivery**,” or the manner in which a facilitator delivers/implements the program (e.g., what were the facilitator’s credentials, skills in using the methods prescribed in the programs, enthusiasm, preparedness, attitudes, etc.). For this component, fidelity includes the interactive processes that are used to provide the information, such as class discussion, role-plays, modeling, etc.
3. **Implementation:** LOGISTICS that are responsible for a conducive learning environment
  - Logistics involve the program setting, facilitator-youth ratio, dosage, and sequence of sessions.
  - This component includes “**exposure**” or “**dosage**” - the number of sessions implemented, length of each session or the frequency with which program techniques/methodologies were implemented; or, amount of material received.
  - This component also includes “**participant responsiveness**,” or the extent to which participants are engaged or involved in the activities and content of the program.

## How to Plan and Implement an Adaptation to a Selected EBP

As noted above, not all adaptations are acceptable in the PREP program, especially if they are not informed by the EBP’s core components. There are several theoretical approaches on how to make adaptations to EBPs in a planned and thoughtful way (see References and Resources). Most include the following steps:

1. **Assess:** Analyze the results of assessments of the target population(s) and the organization’s capacity. These will highlight the important factors to include in the program.
2. **Know the selected program(s):** Identify and review the goals, objectives, logic model, curriculum activities and cultural appropriateness of the selected EBP(s) and compare the factors addressed in the program (i.e. increasing negotiation skills) to the determinants most relevant to the target population (i.e. self-efficacy in negotiating with sexual partners).

*(Please see the PREP Fit and Selection Tip Sheet for more information on Steps 1 and 2.)*

3. **Identify adaptation challenges:** Assess fidelity concerns or adaptation challenges that emerge from considering how the curriculum activities may conflict with the target population needs and/or agency capacity and logistical constraints. Assess acceptability of the motives for these changes as well.

In addition to having the appropriate motives for adaptations, there are only certain things that can be changed in an EBP in order to maintain fidelity to the core components and maintain the program’s effectiveness in achieving identified behavior change and/or sexual health outcomes. Please see the *PREP Fidelity Monitoring Tip Sheet* for detailed guidance on this topic.

4. **Select and plan adaptations:** Using information about the EBP (i.e. curriculum, core components, logic model) and adaptation resources (i.e. adaptation guidelines, fidelity

monitoring tools), determine whether or not each proposed adaptation is an acceptable change and maintains program fidelity.

5. **Pilot and monitor adaptations:** Before full implementation, pilot the entire curriculum and/or pilot test the proposed adaptations with a subgroup of participants. This will serve as an opportunity to correct glitches and to test assumptions (e.g., how long an activity might take, whether the audience reacts as intended, whether concepts are clear, etc.). Then, gather feedback and make changes as needed. Use a fidelity monitoring tool to monitor and assess the success of the adaptations, and to provide feedback and continuous quality improvement for implementation, as well as evaluate the overall EBP implementation.

## How to Identify Adaptation Challenges

In order to identify and address adaptation challenges, consider the following activities.

- When reviewing the EBP(s) selected, consider how the content, pedagogy and implementation structure may conflict with the target population needs and/or agency capacity.
- Take note of any fidelity concerns or adaptation challenges that emerge from considering how the curriculum matches the population and organization.
- Assess the acceptability of the motives for these intended changes to ensure they are intended to make the EBP more suitable for the program's population or structural limitations and not to solely make things more convenient for the educators.

In addition to having the appropriate motives for adaptations, there are only certain things that can be changed in an EBP in order to maintain fidelity to the core components and keep the program's effectiveness on behavior change and/or sexual health outcomes. General guidelines on changes that can be made versus ones that cannot are outlined below as green, yellow and red light adaptations.

## Green, Yellow and Red Light Adaptations

When adaptation challenges are identified, proposed changes should be considered alongside the core components of the EBP to determine whether or not removing or changing this particular element is a green, yellow or red light adaptation.

- **Green Light Adaptations:** Go for it! These adaptations are appropriate and are encouraged so that program activities better fit the age, culture, and context of the population. In many cases these changes should be made because they ensure the program is current and relevant to the community.
- **Yellow Light Adaptations:** Caution! These adaptations should be made with caution so that the core components are adhered to and the adaptation does not cause other issues (e.g. time constraints, competition of topics, etc.). When making yellow light adaptations, it is recommended to consult more detailed adaptation tools and/or an expert in the EBP, such as the model developer (if available) before making the change.

- **Red Light Adaptations:** Stop! These adaptations remove or alter key aspects of the program that will result in weakening the EBP's effectiveness.

#### Examples and Tips: Green Light Adaptations

- Updating and/or customizing statistics and other reproductive health information.
  - Ensure your resources are reliable, up-to-date and medically accurate.
- Customizing role play scenarios (e.g., using wording, names or settings more reflective of youth being served).
  - Be sure not to change the type of pressure (e.g., pressure to have sex without a condom) or the skill being practiced (e.g. 4 step refusal skill).
- Making activities more interactive, appealing to different learning styles.
  - Keep the information and/or skill-building content the same.
- Tailoring learning activities and instructional methods to youth culture, developmental stage, gender, sexual orientation.
  - Make the words, images and scenarios inclusive of all participants to increase engagement and effectiveness.

#### Examples and Tips: Yellow Light Adaptations

- Changing session order or sequence of activities.
  - Curricula tend to build upon previous activities and lessons. Be careful not to undermine this logical progression and decrease understanding or skill-building.
- Adding activities to reinforce learning or to address additional risk and protective factors.
  - Added activities should reinforce the EBP's key positive health behaviors. Adding too many activities could dilute the core messages, make the program too long and create retention problems.
- Modifying condom and/or birth control method activities.
  - Activities that demonstrate steps to the correct use of condoms and birth control are critical to affect these specific behaviors. However, activities may be altered from using demonstration models to using a video or verbally walking through the steps in a mini-lecture or interactive activity. Be creative and come up with ways to get across the same information while adhering to local policies and appropriateness.
- Replacing videos with other videos or activities or using supplemental videos to replace a lecture.
  - Caution must be taken in replacing or supplementing videos to ensure the same content and prevention messages from the original lesson are addressed.
- Implementing program with a different population or in a different setting.
  - Ensure that any changes made to curricula based on group size, setting or culture are done appropriately for the population while also considering the original content and purpose of the activities.

#### Examples of Red Light Adaptations

- Shortening a program.
- Reducing or eliminating activities that allow youth to personalize risk or practice skills.
- Removing condom activities.
- Contradicting, competing with or diluting the program's goals.

- Replacing interactive activities with lectures or individual work.

## How to Pilot and Monitor Adaptations

A pilot test is like a dress rehearsal for the real thing and serves as an opportunity to correct glitches as well as test assumptions (e.g., how long an activity might take, whether the audience reacts as intended, whether concepts are clear, etc.). Many green light adaptations may not require a full pilot test (e.g., updating HIV/STD data or changing the names and situations in a role play). Educators may instead work with small groups of youth to solicit input on adaptations. Other adaptations – such as incorporating a new TV clip or a more current video — are definitely worth testing.

Monitoring program implementation is important to track the effectiveness of adaptations over time. Using Fidelity Monitoring Tools helps track a variety of adaptations (both planned and unplanned) and allows the facilitator to make improvements for future implementation. Please see the *PREP Fidelity Monitoring Tip Sheet* for detailed guidance on this topic.

## Online Resources and Tip Sheet References

### Online Resources

- Making Adaptations to Science-based Pregnancy and STD/HIV Prevention Programs – including comprehensive Adaptation Kits for BART, RTR and Safer Choices from ETR’s Resource Center for Adolescent Pregnancy Prevention (ReCAPP):  
<http://www.etr.org/recapp/index.cfm?fuseaction=pages.AdaptationsHome>
- BDI Logic Model and Online Course, ETR Associates:  
<http://www.etr.org/recapp/documents/BDILOGICMODEL20030924.pdf>  
<http://www.etr.org/recapp/index.cfm?fuseaction=pages.ProfessionalCreditsDetail&pageID=226&PageTypeID=17>
- Compendia of Science-based Programs:  
[www.etr.org/recapp/index.cfm?fuseaction=pages.ebphome](http://www.etr.org/recapp/index.cfm?fuseaction=pages.ebphome)
- Diffusion of Evidence-based Intervention (DEBI) on CDC’s Division of HIV and AIDS Prevention website: <http://www.effectiveinterventions.org/en/home.aspx>
- Evidence-Based Programs from ETR’s ReCAPP:  
<http://www.etr.org/recapp/index.cfm?fuseaction=pages.ebphome>
- Evidence-Based Resource Center, Healthy Teen Network:  
[http://healthyteennetwork.org/index.asp?Type=B\\_BASIC&SEC={5E80FC23-E52F-4B64-8E81-C752F7FF3DB6}](http://healthyteennetwork.org/index.asp?Type=B_BASIC&SEC={5E80FC23-E52F-4B64-8E81-C752F7FF3DB6})
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- Kirby, D. et al. (2006). *Sex and HIV Education Programs for Youth: Their Impact and Important Characteristics*  
<http://www.etr.org/recapp/documents/programs/SexHIVedProgs.pdf>
- Little Promoting Science Based Approached (PBSA) to Teen Pregnancy Prevention Using Getting to Outcomes (GTO):  
[www.cdc.gov/reproductivehealth/adolescentprohealth/PDF/LittlePSBA-GTO.pdf](http://www.cdc.gov/reproductivehealth/adolescentprohealth/PDF/LittlePSBA-GTO.pdf)

- Manlove, J., Romano Papillio, & Ikramullah, E. (2004). Not Yet: Programs to Delay First Sex Among Teens. Washington DC: National Campaign to Prevent Teen Pregnancy. <http://www.teenpregnancy.org/works/pdf/NotYet.pdf>
- OAH Pregnancy Prevent Research Evidence Review (List of EBPs): <http://www.hhs.gov/ash/oah/prevention/research/programs/index.html>
- OAH PowerPoint Presentation for Tier 1 Grantees: [http://www.hhs.gov/ash/oah/prevention/grants/ta/tpp\\_tier\\_1/tier\\_1\\_slides\\_4-14-2010.ppt](http://www.hhs.gov/ash/oah/prevention/grants/ta/tpp_tier_1/tier_1_slides_4-14-2010.ppt)
- Program Archive on Sexuality, Health & Adolescence (PASHA). Los Altos, CA: Sociometrics. <http://www.socio.com/pasha.htm>
- Putting What Works to Work. (2010). Washington DC: National Campaign to Prevent Teen and Unplanned Pregnancy. <http://www.thenationalcampaign.org/resources/works/PWWTWabout.aspx>
- Science and Success: Science Based Programs that Work to Prevent Teen Pregnancy, HIV & Sexually Transmitted Infections among Hispanics/Latinos. (2009). Washington DC: Advocates for Youth. <http://www.advocatesforyouth.org/storage/advfy/documents/sslatino.pdf>
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- Tools to Assess the Characteristics of Effective Sex and STD/HIV Education Programs <http://www.etr.org/recapp/documents/programs/tac.pdf>
- Tools to Assess the Characteristics of Effective Sex and STD/HIV Education Programs (in Spanish): "Herramienta de Valoracion de Programas de Educacion Sexual para la Prevencion de VIH y Las ITS" <http://www.etr.org/recapp/documents/programs/TACspanishVersion.pdf>
- United Nations "International Technical Guidance on Sexuality Education" <http://www.etr.org/recapp/documents/programs/InterGuidanceSexualityEducation.pdf>

## References

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