

Welcome to



# Adapting Evidence-Based Practices to Meet Your Community's Needs

THE TRAINING WILL BEGIN SHORTLY! WHILE YOU'RE WAITING...

 **Icebreaker Question**  
(answer in the chat)

What's your favorite breakfast food?

 **Survey & Certificate of Completion**

Available following the training.



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SCAN TO LEARN MORE



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# Hi, We're CalTrin!

## Who we are

- The California Training Institute
- Funded by the State of California, Dept. of Social Services, Office of Child Abuse Prevention (OCAP) to support child abuse prevention through professional development and extended learning opportunities.
- Designed for staff of family strengthening and child abuse prevention organizations in California, including Family Resource Centers, Child Abuse Prevention Councils, community-based organizations, and other child and family serving systems.

## What we offer

- Live webinars & small group training
- Virtual, self-paced courses
- Job aids & other resources



# UPCOMING TRAININGS

*mark your calendars!*

Visit [caltrin.org](https://caltrin.org) to view and register for upcoming webinars or workshops



**August 29** | Understanding Your Role in Creating a Trauma-Informed Environment



**September 10** | Introduction to Motivational Interviewing



**September 12** | Trauma-Informed Leadership: The Balance of Compassion & Accountability



**September 17** | Protective Factor: Knowledge of Parenting & Child Development



**September 20** | Art & Science of Father Engagement Programming



**September 24** | Centering Equity in the Work: Three Strategies That Will Change Your Professional Practice

# Before We Begin...

## DURING



The notetaking slides and participant guide are in the chat now!



Review interactive features for today's session. Locate the controls on the toolbar at the bottom of your screen.



This presentation is being recorded.



External AI assistants are not allowed in CalTrin trainings due to California privacy laws.

## AFTER



Complete the survey at the end of the training to receive your Certificate of Attendance.



A follow-up email will be sent to all participants within two days.

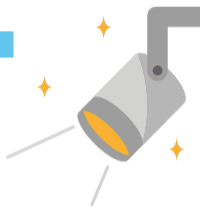




# Adapting Evidence-Based Practices to Meet Your Community's Needs

**Presenters: Jennifer Rolls Reutz and Dana Jarzynka**





**Jennifer Rolls Reutz, MPH**

Director, California Training Institute &  
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**Dana Jarzynka, MA**

Administrative Manager, Behavioral &  
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Rady Children's Hospital – San Diego



# CALIFORNIA EVIDENCE-BASED CLEARINGHOUSE (CEBC) MISSION



**Advance the effective implementation of evidence-based practices  
for children and families involved with the child welfare system**



**Program Registry**



**Selecting &  
Implementing  
Programs**





# OVERVIEW

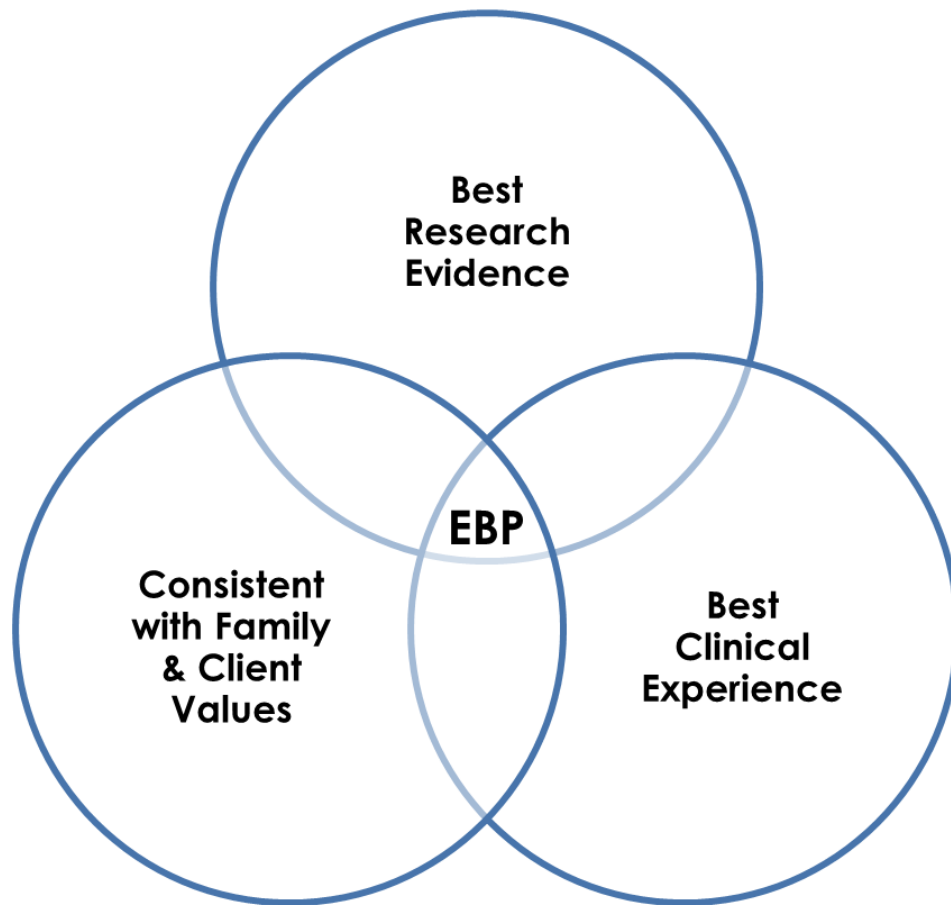
- What is an EBP?
- What is an adaptation?
- How can adapting an EBP affect results?
- Examples of EBP adaptation
- Traffic Light Model
- Practice making adaptations
- Alternatives to adaptation



# WHAT IS AN EVIDENCE-BASED PRACTICE?

- What issue are you trying to address?
- What program(s) have evidence that addresses that issue?

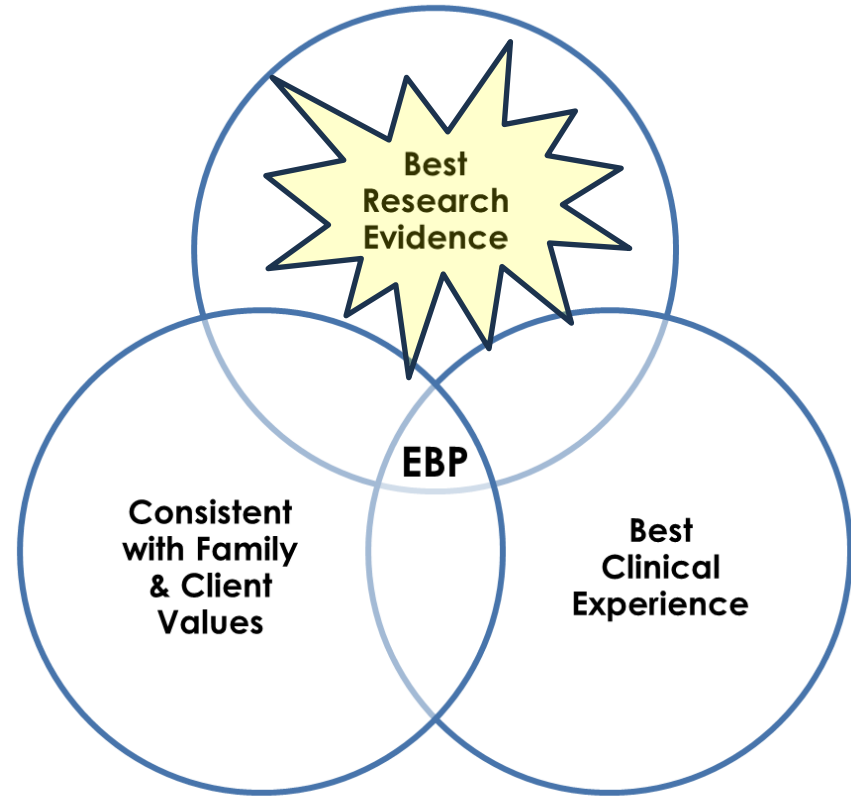




[Based on Institute of Medicine, 2001]



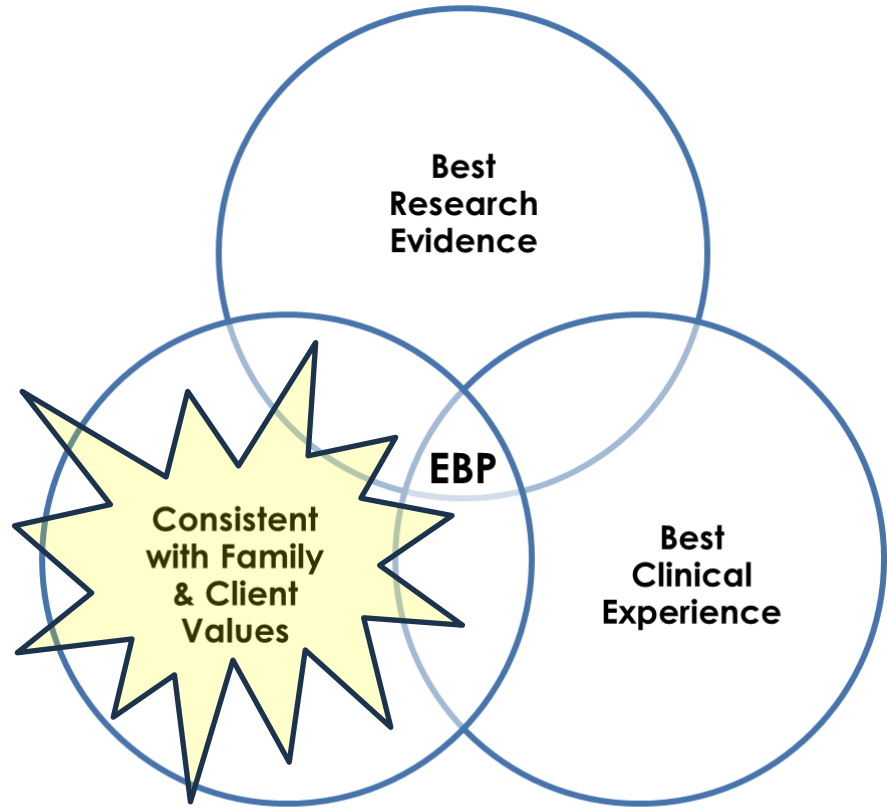
# Research and evaluation showing what the program accomplishes



[Based on Institute of Medicine, 2001]

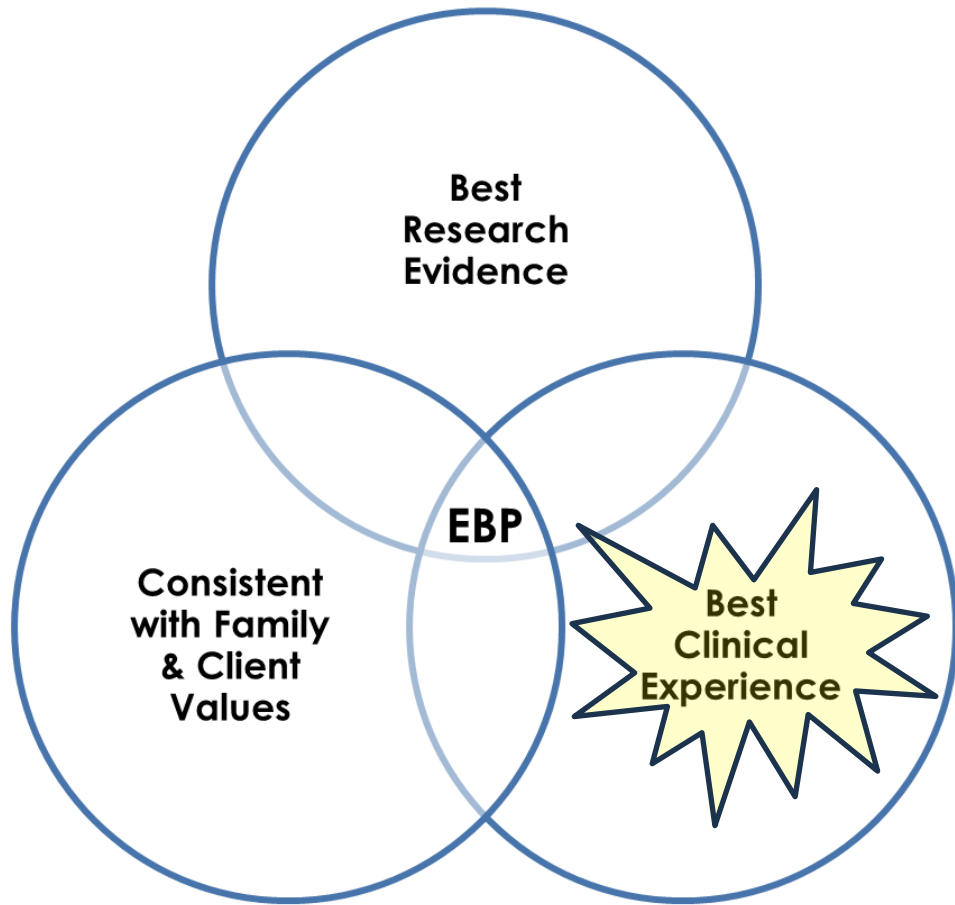


# What meets family and community needs and values?



[Based on Institute of Medicine, 2001]

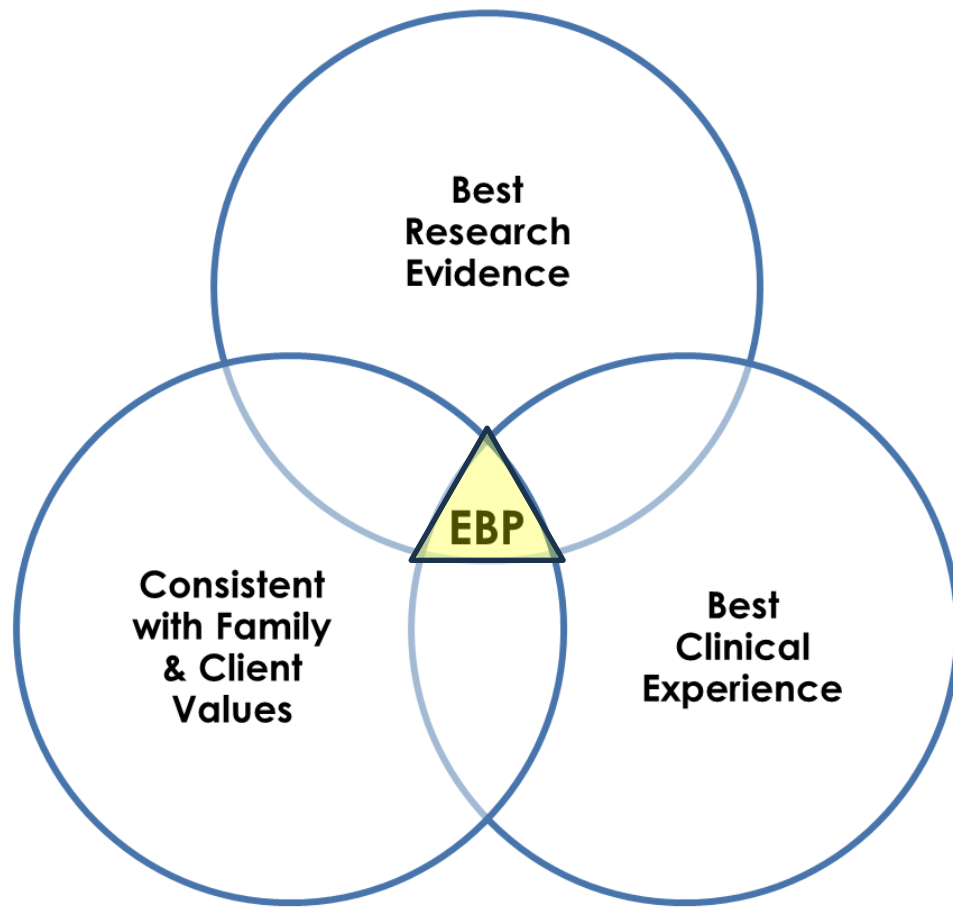




[Based on Institute of Medicine, 2001]

**What does the  
provider/  
agency think is  
needed to  
address the  
issue?**





[Based on Institute of Medicine, 2001]



# WHY CAREFUL SELECTION MATTERS

Need to ensure all three components have been addressed: research evidence, family/community values, and provider judgment.

Negative consequences of adopting an inappropriate EBP.





# GUIDE TO SELECTING & IMPLEMENTING EBPs

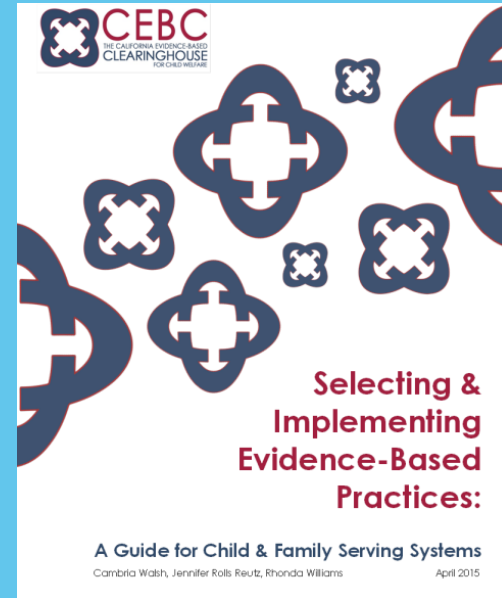
Background on Evidence-Based Practices

Overview of the EPIS Framework

- **E**xploration
- **P**reparation
- **I**mplementation
- **S**ustainability

Detailed Description of EPIS Phases

Putting it all Together



# WHAT IS AN ADAPTATION?

Any changes to a program:

- Content (what is delivered)
- Implementation (how it is delivered)





# CAKE

- Core ingredients
- Core methods
- Core equipment
- Variations





## CORE INGREDIENTS

**Cake:** flour, eggs, sugar, oil, etc.

**EBP:** theory of change, logic model, core elements, etc.

# CORE METHODS

**Cake:** how to mix it, how long to bake it, what temperature to use, etc.

**EBP:** delivery methods, dosage, activities, environment, etc.





## CORE EQUIPMENT

**Cake:** the size of the cake tin, type of oven, etc.

**EBP:** staff training and qualifications, agency capacity, materials used, etc.

# VARIATIONS

**Cake:** add ingredients to change flavor, change color, different icing, etc.

**EBP:** changing images and terms, adding local resources, culturally representative staff, etc.





# WHY ADAPT AN EBP?

Better meet local needs

Make the program:

- More engaging
- More current / timely
- Fit local constraints
- More culturally relevant



# ADAPTATION EXAMPLES

## Content

- Used local images and pictures
- Added local data and information
- Modified readability level
- Added topics from clients' socio-cultural framework

## Implementation

- Recruited native speakers as providers
- Added staff pre-service training on culture
- Offered food during group sessions
- Offered Zoom format



# ADAPTATION IS A CONTINUUM



# HOW CAN ADAPTATIONS AFFECT RESULTS?

The more you change an EBP, the less chance you have that the prior results will be replicated.

Changing core elements can change program outcomes.



# ADAPTATION IS A CONTINUUM



# SO HOW DO WE ADAPT AN EBP?

- Use a team process
- Pilot the original model first
- Be proactive when making adaptations
- Work with the program developer/purveyor



# SO HOW DO WE ADAPT AN EBP?

- Start small
- Document everything!
- Assess fidelity
  - Have you changed elements assessed by the fidelity tool?
- Examine outcomes



# CULTURAL ADAPTATIONS

Every adaption is cultural: you are adapting to the local situation.

A team process involving **active engagement of community stakeholders is key** to successful cultural adaptations.







# Cultural Adaption Examples

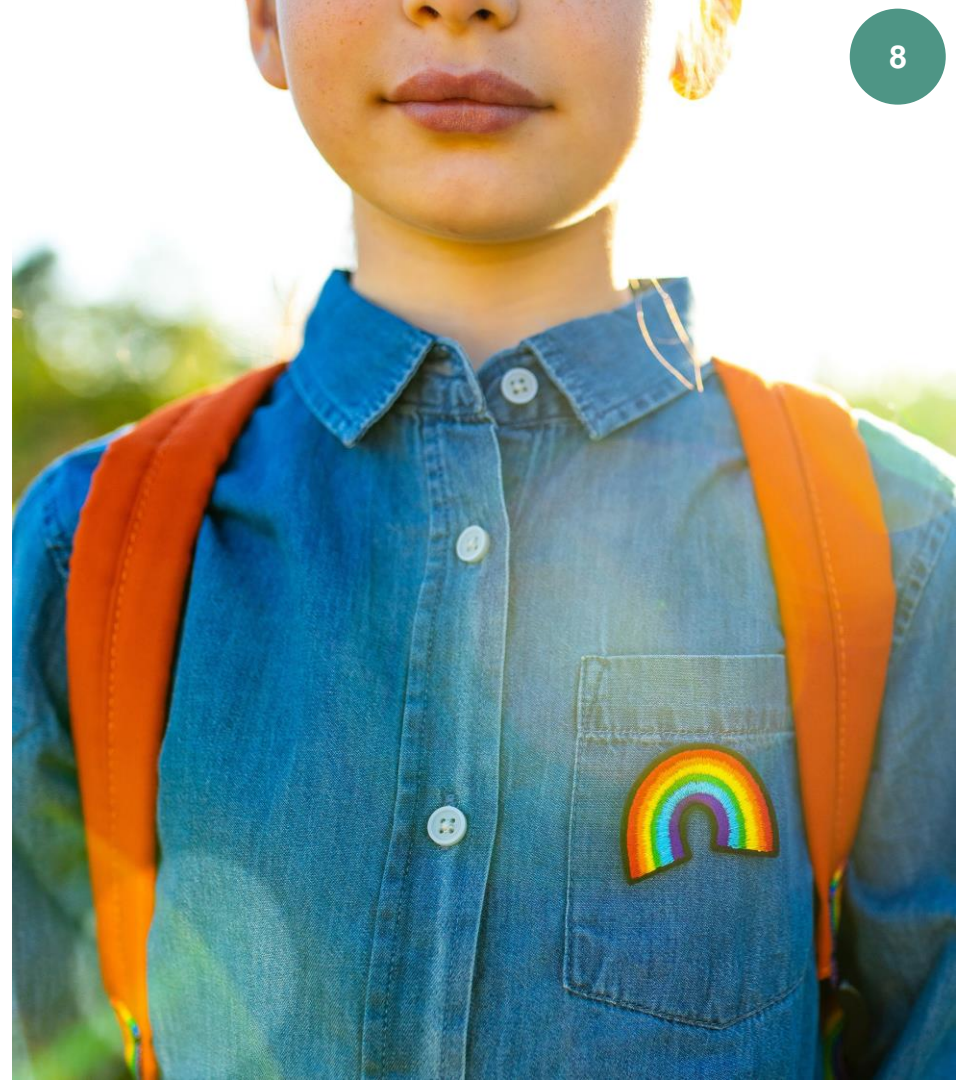


# AFFIRM YOUTH

Group Cognitive Behavioral Therapy (CBT) program for LGBTQ+ youth.

## Challenges:

- Standard CBT did not address LGBTQ+ needs
- Little data on LGBTQ+ outcomes from standard CBT



# AFFIRM YOUTH

## **Solution:**

- Adapted CBT components to reflect the LGBTQ+ experience
- Incorporated trauma-informed principles, affirmative practice, minority stress framework
- Added modules on hope and social supports
- Modified language to be more inclusive



# AFFIRM YOUTH

- Piloted the adaptations
- Examined outcomes
- Continual feedback loop
  - Community and youth advisory boards, AFFIRM graduates, community providers
- Ongoing training needs





## WEAVING HEALTHY FAMILIES (WHF)

Cultural adapted version of Celebrating Families!

### Challenges:

- Historical oppression
- Indigenous people at higher risk for MH, AOD, PTSD, etc.
- Few culturally specific programs

# WEAVING HEALTHY FAMILIES (WHF)

## Solution:

- Indigenous stakeholders and Community Advisory Boards selected the Celebrating Families! curriculum
- Framework of Historical Oppression, Resilience, and Transcendence (FHORT)
- Two-Eyed Seeing approach



# WEAVING HEALTHY FAMILIES (WHF)

- Facilitated by tribal community health representatives
- Whole family/extended family systems
- Shortened and streamlined CF! program
- Added cultural components: talking circle; medicine wheel; FHORT; tribal nutrition and foods; tribal values; and tribal teachings



# WEAVING HEALTHY FAMILIES (WHF)

## **Celebrating Families!**

- 16 sessions
- 5 groups: ages 4-7, 8-10, 11-12, 13-17, parents
- Session: Meal, Insights for Living (IFL), Connecting with My Family (CWMF)

## **WHF**

- 10 sessions
- 4 groups: ages 5-7, 8-11, 12-17, parents/caregivers
- Session: Meal w Tribal foods, IFL w/ Talking Circle, Tribal CWMF, Tribal Teachings throughout



# WEAVING HEALTHY FAMILIES (WHF)

- Pilot study completed
- Full trial underway
- Outcomes vs / and acceptance



# TRAFFIC LIGHT MODEL



Green = GO

Red = STOP





## GREEN LIGHT EXAMPLES

- Translation and interpretation
- Changing program names and wording
- Updated & relevant statistics
- Changing pictures
- Updating scenarios
- Increased training for providers
- Additional treatment partners

# YELLOW LIGHT EXAMPLES

- Substituting/adding activities
- Changing session sequence
- Changing the delivery format
- Changing who delivers the program
- Changing treatment length





## RED LIGHT EXAMPLES

- Deleting core components, sessions, or activities
- Cutting the program timeline
- Cutting the program dosage
- Major changes to target population

# Traffic Light Activity

**#1 - Updating the lesson with images that represent the culture of the community and participants.**

**Red = STOP**

**Yellow = CAUTION**

**Green = GO**



**#2 - Replacing  
an activity in the  
EBP with an  
activity that is  
more culturally  
relevant.**

**Red = STOP**

**Yellow = CAUTION**

**Green = GO**





**#3 - Providing additional resources that support the strengths and needs of your participants.**

**Red = STOP**

**Yellow = CAUTION**

**Green = GO**



# #4 - Changing the program goals to meet local needs.

**Red = STOP**

**Yellow = CAUTION**

**Green = GO**



# Breakout Activity

# ADAPTATION ALTERNATIVES

- Make the smallest amount of change necessary to meet your needs.
  - **Yellow** instead of **Red**
  - **Green** instead of **Yellow**
- Use the original model first and evaluate
- Consider alternative programs



# MAKING SIGNIFICANT CHANGES

- **Red** should not be your first choice.
  - Before moving forward, determine if there is a better EBP for your needs.
- Talk to the developer FIRST
- Work with an evaluator
- Document what you want to do
  - Use an Implementation Framework\*

\* Aarons, G. A., Green, A. E., Palinkas, L. A., Self-Brown, S., Whitaker, D. J., Lutzker, J. R., ... & Chaffin, M. J. (2012). Dynamic adaptation process to implement an evidence-based child maltreatment intervention. *Implementation Science*, 7(1), 1-9.  
Miller, C. J., Wiltsey-Stirman, S., & Baumann, A. A. (2020). Iterative Decision-making for Evaluation of Adaptations (IDEA): A decision tree for balancing adaptation, fidelity, and intervention impact. *Journal of Community Psychology*, 48(4), 1163-1177.  
Moore, G., Campbell, M., Copeland, L., Craig, P., Movsisyan, A., Hoddinott, P., ... & Evans, R. (2021). Adapting interventions to new contexts—the ADAPT guidance. *bmj*, 374.

# Framework for Reporting Adaptations and Modifications-Expanded\*

## PROCESS

### WHEN did the modification occur?

- Pre-implementation/planning/pilot
- Implementation
- Scale up
- Maintenance/Sustainment

### Were adaptations planned?

- Planned/Proactive (proactive adaptation)
- Planned/Reactive (reactive adaptation)
- Unplanned/Reactive (modification)

### WHO participated in the decision to modify?

- Political leaders
- Program Leader
- Funder
- Administrator
- Program manager
- Intervention developer/purveyor
- Researcher
- Treatment/Intervention team
- Individual Practitioners (those who deliver it)
- Community members
- Recipients

Optional: Indicate who made the ultimate decision.

### WHAT is modified?

#### Content

- Modifications made to content itself, or that impact how aspects of the treatment are delivered

#### Contextual

- Modifications made to the way the overall treatment is delivered

#### Training and Evaluation

- Modifications made to the way that staff are trained in or how the intervention is evaluated

#### Implementation and scale-up activities

- Modifications to the strategies used to implement or spread the intervention

### At what LEVEL OF DELIVERY (for whom/what is the modification made?)

- Individual
- Target Intervention Group
- Cohort/individuals that share a particular characteristic
- Individual practitioner
- Clinic/unit level
- Organization
- Network System/Community

### Contextual modifications are made to which of the following?

- Format
- Setting
- Personnel
- Population

### What is the NATURE of the content modification?

- Tailoring/tweaking/refining
- Changes in packaging or materials
- Adding elements
- Removing/skipping elements
- Shortening/condensing (pacing/timing)
- Lengthening/ extending (pacing/timing)
- Substituting
- Reordering of intervention modules or segments
- **Spreading (breaking up session content over multiple sessions)**
- Integrating parts of the intervention into another framework (e.g., selecting elements)
- Integrating another treatment into EBP (not using the whole protocol and integrating other techniques into a general EBP approach)
- Repeating elements or modules
- Loosening structure
- **Departing from the intervention ("drift") followed by a return to protocol within the encounter**
- **Drift from protocol without returning**

### Relationship fidelity/core elements?

- Fidelity Consistent/Core elements or functions preserved
- Fidelity Inconsistent/Core elements or functions changed
- Unknown

## REASONS

### SOCIOPOLITICAL

- Existing Laws
- Existing Mandates
- Existing Policies
- Existing Regulations
- Political Climate
- Funding Policies
- Historical Context
- Societal/Cultural Norms
- Funding or Resource Allocation/Availability

### ORGANIZATION/SETTING

- Available resources (funds, staffing, technology, space)
- Competing demands or mandates
- Time constraints
- Service structure
- Location/accessibility
- Regulatory/compliance
- Billing constraints
- Social context (culture, climate, leadership support)
- Mission
- Cultural or religious norms

### PROVIDER

- Race
- Ethnicity
- Sexual/gender identity
- First/spoken languages
- Previous Training and Skills
- Preferences
- Clinical Judgement
- Cultural norms, competency
- Perception of intervention
- Comfort with Technology

### RECIPIENT

- Race; Ethnicity
- Gender identity
- Sexual Orientation
- Access to resources
- Cognitive capacity
- Physical capacity
- Literacy and education level
- First/spoken languages
- Motivation and readiness
- Comfort with technology
- Legal status
- Cultural or religious norms
- Comorbidity/Multimorbidity
- Immigration Status
- Crisis or emergent circumstances

### What was the goal?

- Increase reach or engagement
- Increase retention
- Improve feasibility
- Improve fit with recipients
- To address cultural factors
- Improve effectiveness/outcomes
- Reduce cost
- Increase satisfaction
- To reduce disparities or promote equity

# TAKE HOME MESSAGE

- Want pie? Don't bake cake.
- Minor adaptations can be good
- The farther you go down the continuum, the more cautious you need to be
- In California? The CEBC can help!  
[info@cebc4cw.org](mailto:info@cebc4cw.org)





# FOR MORE INFO ABOUT THE CEBC

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- Watch your inbox for the next issue of *CalTrin Connect*



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