

General Adaptation Guidance: A Guide to Adapting Evidence-Based Sexual Health Curricula



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More information about adaptation guidelines
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About this Guide and the Adaptation Project

Using an evidence-based intervention or EBI (a program that has been shown through rigorous evaluation to be effective at changing risk-taking behavior) assures that intervention efforts are devoted to what has been proven to work. Most practitioners make adaptations to EBIs to meet the unique characteristics of their local populations or projects. However, while this is a common practice, making changes to an EBI without a clear understanding of its core components can compromise the program's effectiveness. ETR Associates, with funding from and in collaboration with the CDC Division of Reproductive Health (DRH), has developed guidelines on how to make appropriate adaptations to sexual health EBIs without sacrificing their core components. This guide provides general green (safe), yellow (proceed with caution) and red (unsafe) light adaptation guidance for practitioners considering making adaptations to sexual health EBIs.

Methodology

ETR and CDC worked with curriculum developers to create program-specific adaptation kits for *Becoming a Responsible Teen (BART)*, *Reducing the Risk (RTR)*, and *Safer Choices*. Each kit includes core components, logic models, and green/yellow/red light adaptation guidance and can be found on ETR's Resource Center for Adolescent Pregnancy Prevention (ReCAPP) at www.etr.org/recapp in the "Evidence-Based Programs" section. This general guidance piece was created by analyzing the green/yellow/red light guidance from the three adaptation kits and compiling the items that were consistent with the majority of the kits.

Important Terms

Adaptation

Process of making changes to an evidence-based program in order to make it more suitable for a particular population and/or an organization's capacity.

Green Light Adaptations are safe and encouraged changes to program activities to better fit the age, culture, and context of the population served.

Yellow Light Adaptations are changes that should be made with caution. Consulting an expert in behavior change theory and curriculum development is highly recommended.

Red Light Adaptations are unsafe and should be avoided since they compromise or eliminate one or more of a program's core components.

Fidelity

Faithfulness with which a curriculum or program is implemented; that is, how well the program is implemented without compromising its core components which are essential for the program's effectiveness.

Core Components

Key elements or defining characteristics of a program. To maintain a program's effectiveness, its core components must be kept intact when it is replicated or adapted.

Core Content Components – WHAT is being taught, specifically the knowledge, attitudes, values, norms, skills, etc. that are addressed in the program's learning activities and are most likely to change sexual behaviors.

Core Pedagogical Components – HOW the content is taught, such as teaching methods, strategies and interactions that contribute to the program's effectiveness.

Core Implementation Components – the logistics that are responsible for an experience conducive to learning, such as program setting, facilitator/youth ratio, sequence of sessions.

Snapshot of General Adaptation Guidance

Green Light Adaptations

Updating and/or customizing statistics and other reproductive health information.

Customizing role play scenarios (e.g., using wording more reflective of youth being served).

Making activities more interactive, appealing to different learning styles.

Tailoring learning activities and instructional methods to youth culture, developmental stage, gender, sexual orientation.

Yellow Light Adaptations

Changing session order or sequence of activities.

Adding activities to reinforce learning or to address additional risk and protective factors.

Modifying condom activities.

Replacing videos (with other videos or activities) or replacing activities with videos.

Implementing program with a different population or in a different setting.

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.

Minimizing or eliminating strategies built into the curriculum that promote effective classroom management.

Replacing interactive activities with lectures or individual work.

Green Light Adaptations

Safe and encouraged changes to program activities to better fit the age, culture, and context of the population served.






Green Light Adaptation	Explanation	Examples of Appropriate Adaptations
Updating and/or customizing statistics and other reproductive health information. ¹	Reproductive health statistics, technology and services change quickly, and some EBIs are five or more years old. Youth should have the most up-to-date, relevant information so that they can make the most informed decisions.	Including the latest statistics on teen pregnancy and STD/HIV rates in the county and/or state in pregnancy prevention discussions and activities. Adding information about newer contraceptive methods such as the OrthoEvra Patch and the NuvaRing to discussions and activities about contraceptive methods. Adding information about the HPV vaccine (available in 2006) to discussions and activities about STD prevention.
Customizing role play scenarios (e.g., using wording more reflective of the youth culture).	As long as the skill being practiced and the types of pressure being used stay the same (i.e., pressure to have sex vs. pressure to have unprotected sex), changing the wording, names and setting of a role play so it's more relevant to youth can help them participate more fully and personalize the learning.	Using local terminology. Using Latino names in a predominately Latino community. Changing setting to a local hangout.
Making activities more interactive , appealing to different learning styles.	As long as the information remains medically accurate and includes everything that would be covered in a lecture, interactive activities are a good opportunity for youth to practice what they are learning. Also, because individuals learn in different ways – seeing, hearing, and doing – including a variety of teaching methods will maximize and reinforce learning for all youth.	In addition to or instead of a lecture on STDs, asking students to report on information they gather from the Internet. Adding or substituting an information-gathering field trip to a local health clinic in lieu of a discussion on health services. When reading a case study scenario, also posting some pictures that visually represent the scenario or personalize the learning, having youth provide pictures.
Tailoring aspects of instructional approaches or activities to youth culture, developmental stage, gender, sexual orientation. ²	Learners can be distracted or turned off by words and images that don't feel familiar or inclusive of them, which can interfere with learning. Customizing an activity so it is more relevant to youth or more inclusive can help them participate more fully, but it is important that the purpose of the activity remains the same.	In a role play, using non-gender specific names like Pat, Lee or Dylan so the activity is inclusive of gay, lesbian, bisexual and transgender students. Changing an "AIDS jeopardy" learning activity to "AIDS basketball" to appeal to a younger audience. Changing the words in a case study from "going all the way" to "hooking up" to represent more contemporary youth language.

¹ Kirby D. (2006). Power Point Presentation

² Kirby D, Laris B, Roller L. (2006) *Sex and HIV Education Programs for Youth: their Impact and Important Characteristics*. Washington DC: Health Teen Network





Yellow Light Adaptations

Changes that should be made with caution. Consulting an expert in behavior change theory and curriculum development is highly recommended.

Yellow Light Adaptation	Explanation	Examples of Appropriate Adaptations if Done with Care
<p>Changing the order of sessions or sequence of activities.²</p>	<p>The sessions and activities of evidence-based interventions (EBIs) are presented in a particular, logical order, with each session building on previous ones.</p> <p> Changing the order of sessions or sequence of activities could decrease youths' ability to understand and master the information and skills being covered.</p> <p> It is important that youth receive basic information, perceive that they are at risk, and develop supporting attitudes, norms and motivations BEFORE learning new skills.</p>	<p>Teaching decision-making skills early in a program to groups that may need more practice time.</p> <p>Switching the order of a risk perception activity and a basic information activity.</p>
<p>Adding activities to reinforce learning.</p>	<p>Most EBIs provide a variety of activities that help to convey, reinforce and personalize the learning. Adding activities to reinforce messages may be possible.</p> <p> Although it can be helpful to include additional activities to meet the specific needs of youth in your community, activities should reinforce positive health behaviors. Adding too many activities could make the program too long and create retention problems.</p>	<p>Adding a short follow up activity in which youth briefly name one thing they learned.</p> <p>Adding a review quiz after a long break.</p> <p>After a role play session to practice refusal skills, asking each student to jot down one thing they will do differently next time they are resisting pressure to have sex.</p>
<p>Adding activities to address additional risk and protective factors.</p>	<p>Every community is different, and there might be a particular risk or protective factor that is important for your population that is not addressed in the EBI you have selected.</p> <p> Trying to accomplish too many objectives may diminish the program's positive outcomes. Consider these questions before adding activities that address a new determinant:</p> <ol style="list-style-type: none"> 1. Can the determinant really be changed with one or two additional lessons? 2. Does adding the new activities compromise the other determinants addressed in the curriculum? 3. Will adding another determinant be distracting or pull youths' attention away from the other critical activities? 	<p>Adding a brief lesson on puberty and/or human reproduction for a group of youth who lack this kind of basic knowledge, which is an important foundation for learning about pregnancy and HIV prevention.</p> <p>Adding a brief lesson on the range of contraception options to an HIV prevention program so it more fully addresses teen pregnancy prevention.</p> <p>Adding activities that address additional determinants such as "gender roles" and "power in relationships" in a community with youth who are experiencing a high level of dating violence.</p>
<p>Modifying condom activities (only when condom activities are a core component of the original curriculum).</p>	<p>Condom activities are critical to learning correct condom use. However, it's important to be sensitive to the community norms while incorporating as much hands-on practice as possible.</p> <p> You need to assess what level of demonstration and practice will be appropriate for your audience and setting and then implement this activity with as much fidelity as possible.</p>	<p>Leading students in an activity where they order the steps of proper condom use printed on cards – instead of practicing proper condom use on a model.</p> <p>Having students work in small groups to practice proper condom use, instead of individually, to allow students who are uncomfortable with the activity the opportunity to just observe.</p> <p>Using a less representational, more abstract penis model.</p>

Yellow Light Adaptations (continued)

Changes that should be made with caution. Consulting an expert in behavior change theory and curriculum development is highly recommended.

Yellow Light Adaptation	Explanation	Examples of Appropriate Adaptations if Done with Care
<p>Replacing or supplementing videos with other videos.</p> <p>Replacing or supplementing activities with videos.</p>	<p>If a video does not seem appropriate, relevant or current for your students or the circumstances do not permit viewing, another video or interactive activity may be substituted or added.</p> <p> Care must be taken that the new video or activity is culturally appropriate and addresses the same determinants as the original.</p>	<p>Replacing a video about HIV prevention with a newer, more culturally relevant version.</p> <p>Including a follow-up discussion that updates outdated content or asks students to make suggestions about how a video could be updated.</p> <p>Using a video about HIV risk perception that's consistent with the original activity.</p>
<p>Implementing the program with a different population (i.e., ethnic or cultural group).</p>	<p>Most EBIs were developed for a specific population, such as African-Americans. They can be adapted for other cultural groups, but care must be taken that each activity is reviewed and potentially adapted to be appropriate for the new population.</p> <p> To effectively address the needs of a different population, substantive adaptations will be needed – not just changing names.</p> <p> Cultural identity is a core component of some programs. Adapting them for other ethnic groups may be difficult, and another curriculum may be more appropriate.</p>	<p>Adapting activities so they reflect myths common to a predominately Latino population.</p> <p>Turning a case scenario set in an urban environment into one set in a rural environment.</p>
<p>Implementing the program in a different setting (i.e., school vs. afterschool, etc.)</p>	<p>Most EBIs were developed for a specific setting and group size, such as 10-12 youth in a community setting, but can be adapted for other settings and size groups.</p> <p> Take care that each activity is reviewed and potentially adapted to be appropriate for the new setting and group size.</p>	<p>Carefully splitting up longer sessions from a program designed for community-based settings to fit in shorter class periods in a school setting.</p> <p>Substituting a “perception of risk” activity (for 10-15 youth) with a similar activity designed to meet the same objectives with a larger group of 20-25 youth.</p>

Red Light Adaptations

Changes that are unsafe and should be avoided since they compromise or eliminate one or more of a program's core components.

Red Light	Explanation	Examples of Inappropriate Adaptations
<p>Shortening a program.</p>	<p>Each risk and protective factor addressed in a curriculum is likely to be addressed by multiple activities. Reducing the number of activities may have a negative effect on behavioral outcomes.²</p>	<p>Shortening a 16-hour program to eight hours, which would not give youth sufficient time to absorb the information and practice new skills.</p> <p>Failing to make up three sessions of a program that were cancelled because of snow days.</p>
<p>Reducing or eliminating activities that allow youth to personalize risk.²</p>	<p>Many programs have activities that help youth personally understand the risks they face. In fact, personalization of risk is a key component of the health behavior change theories on which many programs are based. Reducing or eliminating these activities would undermine one of the main ways a program achieves positive outcomes.</p>	<p>Removing an activity that allows youth to write down how contracting HIV would change their lives.</p>
<p>Reducing or eliminating opportunities for skill practice.²</p>	<p>Knowledge alone is not enough to change behavior. Behavior change requires repeated practice, often with the support and feedback of the facilitator.</p>	<p>Removing a role play designed to give youth an opportunity to practice refusal skills.</p>
<p>Removing condom activities (only when condom activities are a core component of the original curriculum).</p>	<p>Learning to use a condom, like any other skill, takes practice. If you wish to see a change in condom use behavior, you must include a condom demonstration and as much of the practice activities as possible.</p>	<p>Removing condom activities entirely.</p>
<p>Contradicting, competing with, or diluting the program's goals.</p>	<p>EBIs are designed to address specific health goals. If you add additional goals, they may start to compete with, or in some cases, contradict, the program's goals.</p>	<p>Adding a goal to reduce drug use to a program designed to reduce sexual risk-taking, which is a significant health goal on its own, not a modest addition to a sexual health curriculum.</p>
<p>Minimizing or eliminating strategies built into the curriculum that promote effective classroom management.</p>	<p>One of the characteristics of many EBIs is that they include activities and strategies that promote youth to get and stay on task (i.e., systematic grouping techniques, directions cards, etc.). Managing the classroom is critical to creating a safe environment and keeping the lessons moving in a timely manner.</p>	<p>Eliminating ground rules.</p> <p>Giving unclear and confusing instructions to activities instead of following the program's instructions.</p> <p>Eliminating an activity that helps orient youth to a process or tool – such as an observation checklist – that will help to keep them on task later on.</p>
<p>Replacing interactive activities with lectures or individual work.</p>	<p>Interactive activities such as group discussion, games, role plays and small group work are an integral teaching component of EBIs and should not be replaced by more passive, individual activities.</p>	<p>Assigning discussion questions as homework.</p> <p>Eliminating role plays or substituting them with written assignments.</p> <p>Lecturing instead of leading a discussion.</p>