A Guide to Adapting Evidence-Based Sexual Health Programs

Education Training Research etr.

Table of Contents

Benefits of Evidence-Based Programs

Evidence-based programs (EBPs) have been tested and proven effective (Forrester et al., 2023). There are strong advantages to using an EBP:

- EBPs have data showing they work. Rigorous evaluation shows that EBPs can improve young people's health outcomes by increasing health-promoting behaviors and/or reducing risky behaviors.
- Using EBPs helps schools and communities strengthen their health promotion efforts by replicating programs that have already shown to be effective.
- Most EBPs come with training and/or support for quality implementation.

Why Fidelity and Adaptations are Important

To get the best results, programs should be delivered as originally designed—this is called "fidelity" (Keating, 2020). At the same time, EBPs were developed and evaluated in specific settings at a particular point in time. This means EBPs may need adjustments. Experts agree that adjustments – called "adaptations" – can help make a program more suitable for a new setting or community (Kirk et al., 2020; Moore et al., 2021). The key is balancing fidelity to core components with adaptations that meet local needs. (Center for Substance Abuse Prevention, 2002; Castro et al., 2004; Escoffery et al., 2019; Gelaude et al., 2006).

How This Guide Can Help

The purpose of this guide is to provide general guidance to EBP users about making adaptations. It is a starting point for reflecting on possible adaptations and how to approach them.

In 2014, ETR partnered with the Centers for Disease Control and Prevention (CDC) to create a simple system for adapting sexual health curricula, called the Green/Yellow/Red Light Adaptation Process (Rolleri et al., 2014).

- **Green-Light:** Adaptations that are allowable or encouraged to better fit local needs and context.
- **Yellow-Light:** Adaptations that need careful consideration and communication with developers, distributors, and/or funders before they can be made.
- **Red-Light:** Changes to core components of an EBP that could lower the program's effectiveness. These should not be implemented.

This guide updates our guidance to help EBP users maximize the benefits and effectiveness while making adaptations that fit their community.

How This Guide Fits with Other Approaches

Many organizations have created frameworks to guide program adaptation (Escoffery et al., 2019). Federal entities such as the Office of Population Affairs and the Family and Youth Services Bureau have also published guidelines on balancing fidelity with adaptations (Keating, 2020; Family and Youth Services Bureau, not dated).

This guide can be used alongside any adaptation framework you may already be using. It provides general guidance to help you make adaptation decisions that maximize benefits while protecting the elements that make the program effective.

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Important Terms and Processes

Adaptation

Process of making changes to an EBP to make it more suitable for a particular population, setting, or other circumstances under which the program is implemented (Escoffery et al., 2019). Programs include a set of activities and characteristics. Some of these are core components, meaning they are essential for achieving the program's intended impact. Planned adaptations are those that are discussed and determined in a systematic way (e.g., as noted in this guide). Unplanned adaptations are those made during implementation, typically in response to an unexpected situation that arises during implementation.

Core Components

Key elements or defining characteristics of a program that, based on theory, a logic model and/or existing evidence, are most likely to account for its effects. Changes to these elements may reduce effectiveness (Forrester & Cole, 2024).

Core Content Components–WHAT is being taught or conveyed (e.g., knowledge, attitudes, norms, skills, key messages, etc.) through a program's activities and are most likely to influence behaviors.

Core Pedagogy or Instructional Components–HOW the content is taught, such as the teaching methods, strategies, and interactions (sometimes called delivery mechanisms) that contribute to the program's effectiveness (Forrester & Cole, 2024).

Core Implementation Components–The logistics that support a learning environment, such as program setting, educator-to-participant ratios, and lesson sequence. Other components in this category include formats, staffing, dosages, environments, and intended population characteristics (Forrester & Cole, 2024).

Unplanned adaptations can highlight where additional planned adaptations may be needed. They also provide insights for future training and logistics planning for the next cycle of implementation.

Evidence-Based Programs or Practices

Interventions, practices, or policies that have been shown through rigorous evaluations to reduce sexual behaviors that increase the risk of outcomes such as sexually transmitted infections or unplanned pregnancy. These programs may be highlighted on evidence-based lists like the Teen Pregnancy

Prevention Evidence Review (TPPER) (Forrester et al., 2023).

Implementation Fidelity

The degree to which a program is implemented as designed, without compromising its core components. Programs implemented with fidelity are more likely to reproduce the effects found in the original studies (Fixen et al., 2005). Teaching with fidelity is important each time a program is implemented, and it can be monitored by using tools such as implementation logs or observations.

Green-Light Adaptations are changes to better fit the age, culture, and/or context of the population served without changing core components. Green light adaptations are allowable and may improve outcomes like perceived relevance, acceptability, engagement, and retention.

Yellow-Light Adaptations are changes that should be explored with caution because of potential impact on core components. Consult the developer, distributor, or an expert in behavior change theory and curriculum development before making these changes. It may also be necessary to discuss these changes with a program funder if you have outside funding.

Red-Light Adaptations are changes that should not be made because they may compromise the core elements of a program or practice, reducing effectiveness.

General Adaptation Process: How to Use this Guide

This guide represents one approach among many for reflecting on potential adaptations (Chan & Scher, 2020; Escoffery et al., 2019). It is intended for educators and others involved in planning or implementing evidence-based sexual health programs, such as curriculum directors, program coordinators, or managers. The guide provides general examples of adaptations in each category of the framework, which may vary by program. Whenever possible, use an EBP as designed or make only green-light adaptations to improve fit. Below are 11 steps for making successful adaptations, with questions to consider at each step.

1 **Confirm population**	Clarify who will be receiving the program and review available data about the population of focus.	**Question to consider:** What is the EBP we're assessing and what do we know about the population and implementation setting?
2 **Form team, including youth**	Identify a small group of young people, educators, and other key community members to participate in the adaptation process.	**Questions to consider:** Who can support the adaptation process? Are the youth representative of the priority population?
3 **Review core components**	Identify and review the EBP's core components to ensure they are not altered.	**Question to consider:** Which program components cannot be changed? Which non-core components can be considered for adaptation?
4 **Plan green-light adaptations**	Review and discuss possible green-light adaptations. Decide which ones are needed to improve the program's fit and implementation setting.	**Questions to consider:** What data do we have to inform our adaptations? What makes each proposed adaptation necessary?
5 **Consult on yellow-light adaptations**	If the team identifies yellow-light adaptations, consult with the developer, distributor, or an expert in behavior change before making them to see if they can be refined to align with green-light adaptations.	**Questions to consider:** Which adaptations do we want to discuss with the developer?
6 **Avoid red-light adaptations**	If desired adaptations fall into the red category, discuss whether the program is a good fit or if another program might be a better match.	**Questions to consider:** Do any of the potential adaptations we are discussing affect core components?
7 **Secure approvals**	Confirm who needs to approve the adaptations and what the approval process involves.	**Questions to consider:** Who needs to approve these adaptations? What does the approval process require?
8 **Pilot test adapted program**	Pilot-test the adapted program with a small group of young people (e.g., 10-12) to gather their feedback on factors such as content appropriateness, relevance, acceptability, and potential impact.	**Questions to consider:** What questions do we have for young people about how the planned adaptations are working?
9 **Train educators**	Train educators on the adapted program before implementation.	**Questions to consider:** Who needs to be trained on the adapted program? When and how can we provide that training?
10 **Evaluate**	Evaluate how the adapted program is working and monitor implementation using fidelity logs.	**Questions to consider:** What changes, if any, do we need to make to our evaluation activities to capture the impact of the adaptations?
11 **Reflect**	Reflect regularly (e.g., twice a year) on whether the adaptations are working as intended or if the program needs additional green-light adaptations.	**Questions to consider:** What did we learn from young people and educators about the adapted program? What, if any, additional changes are needed?

Green-Light Adaptations

Changes that are unlikely to alter core components and improve the fit of a program or practice to the age, culture, or context of the population served. Green-Light adaptations are encouraged, and research shows they can improve implementation outcomes such as engagement, acceptability, retention, and effectiveness (Langley et al., 2015; Parekh et al., 2019).

Examples of Green-Light Adaptations	Explanation
Updating and/or **customizing statistics** and other factual content (or the online links to this information).	Health-related statistics, technology, and services change quickly, and some EBPs are five or more years old. Participants should have the most up-to-date, relevant information so that they can make the most informed decisions. Retaining but updating or tailoring statistics helps keep the program current and relevant to the population being served.
Customizing role-play scenarios (e.g., using scenarios or vocabulary in the scripted parts of role-plays more reflective of the participants and their communities).	Changing the vocabulary, names, and setting of a role-play to make it more relevant to participants can help them participate more fully and personalize the learning. Changes must preserve the skill being practiced and the types of influences that might impact a person's success at using the skill.
Tailoring non-core instructional approaches or activities to participants' culture or geographic region (e.g., symbols, language, values, norms); age; or experiences. Examples include varying characters that may be used in the curriculum or in various activities, adding behaviors to a risk continuum activity, or changing problem-solving scenarios to better represent geographic influences (e.g., urban vs. rural).	Learners may become distracted or disinterested by formats and materials that do not feel familiar or inclusive of them, which can interfere with learning. Customizing an activity to make it more relatable and/or inclusive can help young people participate more fully. When making these types of adaptations, it is important that the purpose of the activity remains the same.
Tailoring non-core implementation logistics (e.g., by slightly increasing group sizes or allowable educator-to-youth ratios).	Adjusting non-core implementation logistics to meet the needs of the priority population may increase access and engagement. More significant changes to implementation logistics that affect program format or length are likely yellow-light adaptations and require discussion with the developer or distributor.

Yellow-Light Adaptations

Changes that should be made with caution and in collaboration with developers, distributors, or experts in behavior change theory and curriculum development to ensure they are aligned with green-light adaptations and do not impact core components. Research shows that adaptations can compromise outcomes if made without care (Hill & Erickson, 2021). Yellow-Light adaptations may vary by program depending on how they might impact core components.

Examples of Yellow-Light Adaptations	Explanation
Changing the order of lessons or **sequence** of activities.	The lessons and/or activities of EBPs or practices are often presented in a specific order, typically with each lesson building on previous ones. If this order is designated as a core component, it cannot be changed. If lesson order is not a core component, work with the developer, distributor, or another professional to discuss desired changes. If changing lesson sequence, ensure the revised order preserves the opportunity for participants to build on prior learnings and skill practice; this approach supports retention of new information or skill steps.
Replacing videos with newer, more relevant videos.	If a video found in an EBP does not seem appropriate, relevant, or current, or the circumstances do not permit viewing, another video or interactive activity may be substituted or added. Talk with the developer or distributor about alternative video guidance or an alternative activity. Select replacements carefully to ensure the new video or activity is appropriate for the priority population and addresses the same program determinants or factors that affect the health outcome as in the original video. Assess the new video or activity to ensure it is affirming and medically accurate.
Implementing the program with a **different population** (e.g., a different race or ethnicity, in a different geographic region, or those who have specific lived experiences).	Many EBPs were originally developed or evaluated with a specific population. If this is true for the EBP you are using, check with the developer or distributor before adapting it. Some programs may not be appropriate to adapt for a particular population (e.g., using a general population program that may require more substantive adaptations to be implemented with young people who are pregnant or parenting). Addressing the needs of a different population may require substantive changes across activities (e.g., aligning cultural values, beliefs, or practices) – not just surface-level adaptations such as changing names. It is important to discuss these changes with developers to ensure they are not red-light adaptations. Not all programs are a match for all communities. Adapting programs may be challenging and require extensive resources. In these cases, it may be more appropriate to find another EBP that more closely matches community needs.

Yellow-Light Adaptations (continued)

Examples of Yellow-Light Adaptations	Explanation
Implementing the program in a **different setting** (e.g., school vs. after school)	Most EBPs were developed for a specific setting, such as classrooms or small groups in a community setting, but can be adapted for other venues (unless setting is designated as a core component). Check with the developer or distributor before adapting a program to a different setting; they may already have guidance on how to make yellow-light adaptations for different settings.
Changing **implementation structure** (e.g., group size, staffing, lesson frequency).	EBPs often include guidance around core implementation factors, such as group size (e.g., 10–12 participants), staffing (number of staff and background/training), or implementation frequency (e.g., pacing of lessons). If any of these are designated as core components, they cannot be changed. If they are not designated as core, work with the developer or distributor to ensure the structural changes uphold the core components. Examples include: • Changing a small group activity to a paired activity because of a smaller overall group size. • Using trained peer educators to co-facilitate or deliver parts of the program. • Changing lesson frequency from one time per week to consecutive days to finish implementation more quickly. • Splitting lessons into smaller chunks to fit school schedules.
Adding lessons or activities to address additional **risk and protective factors** or to meet state or local policies.	Every community is different, and there might be a need to add lessons before or after the EBP that help prepare young people for the upcoming EBP content (e.g., how the body works or affirmative consent) or to meet local or state policy (e.g., discussing pregnancy options). Many EBPs were developed with the assumption that they would be taught as part of a health classroom where other content would be covered before or after the program. Additions should be made with caution to ensure they do not detract from or compete with the key EBP messages.  Discuss these questions with the developer or distributor and funder (as appropriate) before adding activities or lessons: 1. What is the purpose of the new lessons/content/activities? How, if at all, might it compromise the other core components addressed in the EBP? 2. Will adding other lessons/content/activities before or after the EBP be distracting or pull attention away from the core components of the EBP? 3. How will we acknowledge this addition? (At a minimum, note that the EBP has been supplemented and list the added content.)

Red-Light Adaptations

Changes that should be avoided as they may compromise the core elements of a program, reducing effectiveness. Research shows that implementation matters and programs implemented with higher fidelity produce better outcomes (Hill & Erickson, 2021). Red-Light adaptations are defined by a program's core components and may vary by program. Core components may be listed in the beginning of a program or may be available by the developer or distributor.

Examples of Red-Light Adaptations	Explanation
Changing core components. Examples of these changes include: • **Shortening a program** by dropping core lessons or activities • **Reducing or eliminating reflection activities on core skill use experiences** (e.g., condom practice or role play lessons) • **Changing interactive activities to lectures**	Core components are defined by the developers and may include content, instructional strategies, or various implementation features, such as educator or facilitator characteristics, setting characteristics, and population characteristics. If a developer has designated any of these components as core, they should not be changed. **ETR provides information on the core components for the program it disseminates on the Program Success Center.** If you have no other option but to adapt core components (for example, because of funding requirements or federal, state, or local policies), talk with the developer or distributor first to see how they can support implementation. You may need to implement the EBP without core components in the short term while you consider whether another EBP may be a better fit. In all cases, if red-light adaptations are made, be sure to label the program as an adapted version of the EBP and describe what has been changed.
Reducing or eliminating opportunities for **skill practice for core skills**.	Knowledge alone is not enough to change behavior. Behavior change requires repeated practice, often with educator support and feedback. Removing skill-practice lessons or activities (e.g., role-plays) may reduce program effectiveness.
Contradicting, competing with, or diluting a **program's core messages and goals**.	EBPs are designed with key program messages and to address specific goals. Changing or eliminating key messages or goals may reduce program effectiveness.
Minimizing or eliminating strategies built into the program that **promote accessible and safe learning environments**.	One characteristic of many EBPs is the inclusion of activities and strategies that promote accessible and safe learning environments, such as group agreements, anonymous question boxes, systematic grouping techniques, and community-building activities. Eliminating or minimizing these can reduce engagement.

Key Takeaways

- Make Green-Light adaptations to improve program fit and relevance.
- Discuss Yellow-Light adaptations with the developer or distributor before making them.
- Avoid Red-Light adaptations because they might impact program effectiveness.
- Involve young people in the adaptation process.

Frequently Asked Questions and Current Best Practices

For more questions and answers about adapting EBPs, visit **ETR's Support Center**.

What are other ways to practice condom use steps that do not require bringing condoms into the classroom?

Some states or districts may restrict the use of condoms for individual condom practice. If the EBP you are using includes individual condom use skill practice as a core component, there are other approaches to consider if condoms are not allowed for practice. Based on the science supporting skill development, the key is to ensure each student has a chance to practice the skill steps individually (and ideally repeatedly over time) with guidance and feedback to support skill mastery (Rabinowitz, 1993; Weinstein, Madan, & Sumeracki, 2018). Here are some examples that you could discuss with a developer or distributor if this is an adaptation you need to make, ensuring you continue to use the EBP's feedback and reflection activities related to the skill practice:

- Have students practice the steps without having a condom (e.g., have them talk through each step during pair practice and use their hands to show the steps).
- Have students use an alternative, such as thin small socks, for the steps that require practicing unrolling a condom, or use a product like **ConDemo**.
- Create condom step cards (one for each step, ideally with pictures) and have students put them in order while talking through each step (e.g., in pairs).
- Show a video, pausing it to have young people describe the next step to a partner or write down the next step. The key with this approach is to have each student (not just a few volunteers) say or write down the next step to reinforce learning.

Citations for this response:

- Rabinowitz, M. (Ed.). (1993). Cognitive Science Foundations of Instruction (1st ed.). Routledge. **https://doi.org/10.4324/9781315044712**
- Weinstein, Y., Madan, C. R., & Sumeracki, M. A. (2018). Teaching the science of learning. *Cognitive Research: Principles and Implications*, 3(2), 1–17. **https://doi.org/10.1186/s41235-017-0087-y**

What do we know from the science about implementing sexual health programs in same-sex groups versus mixed-sex groups?

Research on sex education shows that mixed-sex classrooms are as effective or more effective than sex-segregated classrooms. There are also other benefits, such as allowing young people to explore, discuss, and challenge assumptions and stereotypes about societal norms, and giving them opportunities to interact with each other, which contributes to key skills such as communication and consent. Mixed groups also help young people understand different experiences and viewpoints. Studies have explored young people's views on integrated versus segregated-sex education. Data are mixed and can vary by grade level or sex education topic (e.g., puberty), but trends suggest young people lean toward integrated classrooms (Goldfarb et al., 2026). If group composition is not a core component, changing to segregated implementation may be allowable, but this adaptation warrants further discussion with the developer or distributor. Overall, the use of integrated, mixed groups is considered best practice for classrooms and youth groups.

Citation for this response:

- Goldfarb, E. S., & Lieberman, L. D. (2026). Three Decades of Research: The Case for Comprehensive Sex Education. *The Journal of adolescent health : official publication of the Society for Adolescent Medicine, 68*(1), 13–27. https://doi.org/10.1016/j.jadohealth.2020.07.036

What should I do if I am not sure what category an adaptation would be (Green, Yellow, or Red)?

Ask! Reach out to the developer or distributor and talk through the potential adaptation. They can help ensure that the potential adaptations align with Green-Light adaptations.

The adaptation I want to make is Red-Light, does that mean I can't use the curriculum?

Not necessarily. It means you should discuss the potential adaptation with the developer or distributor, and your funder as required. Red-Light adaptations should be avoided as they represent changes to core components, which may reduce program effectiveness. There may be ways to adjust the potential adaptation with guidance from the developer to align it with Green- or Yellow-Light adaptations.

Do developers approve adaptations?

This varies by EBP. Some developers may require that they review and approve adaptations before implementation, whereas others may not. Some funders may also ask users to have developers approve adaptations. It is best to ask the developer or distributor to clarify.

What about unplanned adaptations?

Unplanned adaptations are adjustments made during implementation, generally to accommodate unanticipated implementation situations, such as smaller group size, space limitations, or time management issues (Decker et al., 2022). It is ideal to encourage educators to track all unplanned adaptations and review them after implementation. In some cases, they may represent a Green-Light adaptation that becomes a planned option. In others, educators may benefit from guidance and/or additional training on how to navigate a similar implementation situation in the future.

Citation for this response:

- Decker, M. J., Price, M., Unti, L., Firpo-Triplett, R., Atyam, T., Spitzer, J., & Coyle, K. (2022). *Monitoring unplanned sexual health curricula adaptations: Using results to improve fidelity and support implementation*. Evaluation and Program Planning, 94, 102126. https://doi.org/10.1016/j.evalprogplan.2022.102126

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