

Evidence-Based Programs: Implementation Fidelity and Adaptation

A Guidebook for Community-Based Interventions

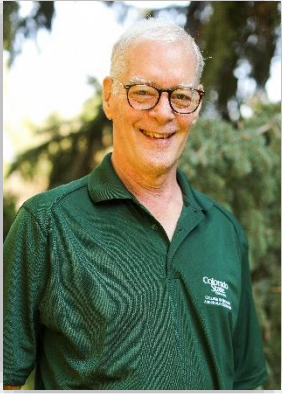


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“The dissemination of effective programs ... cannot be accomplished without a clear understanding of how the program accomplishes its effects” (Kalafat et al., 2007)

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Introduction

This guidebook to program implementation is meant to help staff of community intervention programs to deliver curricula in ways that adhere to the intentions and requirements of program developers. Uncertainties are common in such replications about how to best deliver a program to diverse audiences with different needs. We hope to allay some of your anxieties and answer some of your questions about implementation by describing issues that are common in implementation science, and by suggesting approaches that are likely to be beneficial versus those that are probably going to be counterproductive if not harmful.

The guidebook begins with an overview of implementation fidelity (i.e., adherence to the original program as designed) and adaptation to local needs. This overview is grounded in standards of the profession as set forth by the Society for Prevention Research. In this chapter, you will learn about common reasons for why community staff may want to adapt a program for local needs (and why it may not be a good idea), and the multiple aspects of implementation that should be considered so you can determine whether the program as designed has been delivered with fidelity to your community.

The second chapter dives more deeply into the details of program implementation. You will read about various types of best practices in assessing implementation—and when you should and should not adapt a program—that are based on research in implementation science. The third chapter provides you with more concrete advice on how to determine what modifications might be benign if not beneficial and which adaptations are likely to compromise the program's effectiveness. This chapter on adaptation frameworks and best practices introduces you to the red light/green light framework (also called The Traffic Light Model) for deciding when adaptations might be consistent with the original program's design and when it would be a marked departure from best practices that could even be harmful to participants. On a side note, we confess that throughout the guidebook we have included references to published articles and guidelines—not to make this seem like another impenetrable scientific article but because it situates our recommendations in documented best practices. Also, we anticipate that readers will include not just community program staff but prevention scientists in universities and state agencies who collaborate with local staff.

In the final sections of the guidebook, you will read about community coalitions: Why they can be instrumental in implementing a program with fidelity, how they can be a sounding board for making effective adaptations to your program, and more broadly how they can be effective partners in enhancing community members' well-being. Finally, we have included a glossary of terms as well as referrals to several implementation checklists, some of which are specific to evidence-based programs and one of which is a more generic one that CSU's Prevention Research Center developed. We hope that the accumulated wisdom in this guidebook is helpful in the important prevention work that you do in local communities. If there are any oversights or confusing recommendations, please don't hesitate to contact us for guidance. We're here to help!



Overview of Implementation Fidelity and Adaptation



Overview of Implementation Fidelity and Adaptation

Thought Questions

- What barriers to implementation fidelity have you and your team experienced?
- What solutions have you and your team implemented for overcoming these obstacles that worked well?
- What barriers to implementation have you encountered that you have not found solutions for?

What is Implementation Fidelity?

Careful evaluations of intervention programs consistently find that children and families benefit when programs are implemented with fidelity. Implementation fidelity (aka fidelity to protocol) is the extent to which an intervention is delivered as intended; it is a synonym for program integrity (Carroll et al., 2007). Stated differently, intervention fidelity is “the match between the intervention as it was intended to be delivered and the intervention as it is actually delivered in real-world circumstances” (Hill et al., 2007, p. 25). It is not sufficient to ask *whether* interventions are effective, but to include questions about “for whom,” “how,” and “under what conditions” they are effective. As such, it acts as a moderator (a contingent or “it depends” variable) of the association between interventions as designed and the intended outcomes. Information on implementation will help you explain variations in impact, often due to the appropriate services not being delivered or not to the right recipients. Thus, it is critical that you build in implementation evaluation from the start, so that other programs can benefit from the insights you have gained. This is mandatory when newly designed programs are being launched in efficacy trials. When your program staff deliver an evidence-based or promising program it is important to follow implementation guidelines as closely as possible and collect information on implementation fidelity.

As testament to the importance of implementation fidelity, here are a handful of Society for Prevention Research (SPR) standards that mandate procedures for documenting implementation fidelity:

- ✓ SPR Standard 2.d: Describe the core components of the intervention and basis in theory.
- ✓ SPR Standard 4.a: To be ready for scaling up for delivery of the program, training for implementing core components must be available.
- ✓ SPR Standard 5.d: Report on local adaptations of the intervention.
- ✓ SPR Standard 5.e: Factors related to the quality of implementation should be measured and reported.

The burden for meeting Standard 2.d falls on the shoulders of the program developer as also is the case for Standard 4.a—minimally with a detailed training manual but even better with in-person training. Standards 5.d and 5.e usually are responsibilities of your replication program staff, particularly an on-site program evaluator.



A few aspects of the SPR standards deserve elaboration. First, note in Standard 2.d the reference to “basis in theory.” This phrase refers to the developer’s **theory of change**, or the specified processes that theory suggests will contribute to the intended outcomes. As Kalafat et al. (2007, p. 137) observed, “Assessing the contribution of program implementation to outcomes begins with a clear explication of the conceptual model underlying the program.” Thus, before adapting an evidence-based or promising program, you and your program staff should first assess whether any adaptations to the curriculum or services are inconsistent with the program theory. This often requires familiarity with the program’s **logic model** and input from the program’s developer, as is discussed later. Second, there are multiple metrics of “local adaptations” (Standard 5.d) such as how your staff are trained and on which skills in program delivery (e.g., interactive teaching methods; Berkel et al., 2011), time devoted to core components, the percent of the manual’s content delivered, and culturally informed examples and adaptations. Third, implicit in Standard 5.d is a distinction between **efficacy trials** and **effectiveness trials**. Efficacy trials must have a control group, typically with random assignment, and use of best practices in data collection. Effectiveness trials more often permit some leeway to adapt to local needs; that is, it is a real-world, “in-practice” trial. Last, there is a practical consideration: The less fidelity in replication, the larger the sample needs to be in order to detect impact (Summerfelt, 2003). This is because program adaptations more often introduce “noise” into the delivery system, thus reducing a program’s effect sizes. More simply put, when program adaptations are implemented, the positive program outcomes will typically diminish due to the added factors that the adaptations bring.

Unfortunately, though, too few program evaluations link measures of fidelity of implementation to program impact (Berkel et al., 2011), an issue to which we now turn.

What are Common Reasons for Wanting to Adapt a Program?

There are multiple reasons why your program staff and community stakeholders may want to adapt a program. The more common ones are described briefly below:

- ✓ **Cultural considerations:** Probably the most common reason for community programs to want to adapt a program is because the original program developers designed the curriculum for and/or tested it on samples that do not match your community’s demographics. Issues related to this tension between fidelity to protocol and fit with local culture have been discussed at length in the literature (e.g., Castro et al., 2004; Kumpfer et al., 2016) and are addressed in later sections of this guidebook in the Traffic Light Model guidelines.



- ✓ **Outdated curriculum:** Some evidence-based programs were developed and validated decades ago. The good news is that this has permitted an accumulation of much evidence showing that the program has the intended impact. Sometimes, though, the problem is that the program’s materials and strategies may be outdated.
- ✓ **Program coverage or reach:** On occasion, a replication program may encounter challenges in recruiting participants from the intended audience, whether “intended” is defined by demographic variables, risk profile, locale, or other eligibility considerations. In such cases, you may want to modify the eligibility criteria in ways that are somewhat misaligned with the program developer’s guidelines.
- ✓ **Initial evidence of weak program impact:** It is not all that unusual for a replication program to have a tepid impact in the first year of implementation, especially if the evidence-based program was developed recently and there have been few real-world effectiveness trials. This may lead you and your program staff to assess the adequacy of staff training in how the program is being delivered (is the theory of change being adhered to?), whether the curriculum needs to be adapted for the local population, or other issues related to implementation such as dosage and coverage.
- ✓ **Resource expenditures:** A truism in program evaluation is that the more “generations” removed from an evidence-based program’s development and efficacy trials, the less impact it has. Part of the reason for this is curriculum drift, or the accumulation of tweaks to the curriculum that might not have been approved by the program developers, but another reason is the wish to get the same bang for less buck (Schorr, 2011). For example, in our experience in evaluating EBPs, there have been some instances where a program implementer reduced (without permission) the dosage to half that required by the EBP’s developer and then complained that the minimalist program had no impact. We firmly believe that in such instances related to dosage, penny wise is pound foolish.

Why Collect Information on Implementation & How to Do It

In order to know if a program's adaptations have been helpful or harmful, it is essential that you collect systematic data about implementation. From an **accountability perspective**, program sponsors are typically as interested in information about implementation as they are in impact and efficiency because they want to know whether funds are being expended properly, and for meeting the needs of appropriate targets. Such information may be used by the funder to determine program continuance. Next, we provide you with a brief overview of the why and how of implementation evaluation.

A given community's delivery of an evidence-based program (an effectiveness trial) often is part of a larger effort to determine the EBP's impact across a range of settings and recipients (**program diffusion**). Given that these variations in settings and recipients often result in differences in program impact, it is important that you document specifics of how the program was delivered to explain this differential impact. This answers an important question related to the EBP's theory of change: How much adherence to the program's logic model, versus deviations from it, is necessary to have the intended impact? Several of the key features of implementation that might affect outcomes, and therefore should be measured (Proctor et al., 2011), are listed below. Typically, all of these aspects of implementation evaluation are assessed early in the process of implementing a program, although you should monitor fidelity and dosage on an ongoing basis.

- ✓ *Acceptability*: Satisfaction with various aspects of the innovation such as content, complexity, comfort, delivery, and credibility.
- ✓ *Appropriateness*: Perceived fit with recipients; relevance; compatibility; suitability; usefulness.
- ✓ *Feasibility*: Actual fit or utility; suitability for everyday use; practicability
- ✓ *Fidelity*: Delivered as intended; adherence; integrity; quality of program delivery.
- ✓ *Dosage*: The number of hours of intervention curriculum provided to recipients. In some evaluations of nonclinical prevention programs, we have tracked time spent on activities and information in the curriculum versus time spent on individuals' personal issues and concerns (off-topic sidebars).
- ✓ *Implementation cost* (early for adoption; later for sustainability): Marginal cost; cost effectiveness (comparison of two programs targeted at the same or similar outcomes); benefit-cost analysis (intervention versus no-treatment control groups).
- ✓ *Coverage*: The extent to which the program is reaching its intended audience.
- ✓ *Criterion (control group) contamination*: If there is a comparison or control group, it is critical that their use of other community services be assessed. The same survey of community services should be given to the intervention group as part of the assessment of *intervention dosage*.

The answer to how to collect implementation data depends on which feature of implementation is being assessed. We describe options in other documents and the [Appendices](#) (see Appendices A-C), including a fidelity monitoring checklist and self-assessment. Minimally, you should collect survey data from participants and/or facilitators, either on an ongoing basis (preferred) or as a retrospective posttest. A more time-consuming but valid approach would be to have an impartial, well-trained observer conduct live observations, preferably on at least two to three occasions. Some funders and EBP developers require **performance measurement and monitoring**. In this approach, programs report on their progress in meeting goals as determined by performance of certain critical functions, particularly delivery of services and whether focal social conditions have changed. Perhaps the gold standard is a **management information system** (MIS) that involves routine monitoring of program implementation processes (and their cost) as well as pre- and posttest outcome measures (Penn et al., 2019). This can be an efficient way to provide ongoing feedback about fidelity to protocol and whether the program is meeting its service goals. So long as MIS data are collected and entered regularly, program managers will be able to detect and correct problems in a timely fashion.

Fidelity to Protocol vs. Adaptation to Local Needs

One takeaway from the complex literature on implementation fidelity is that adaptations to an evidence-based or promising program should not be undertaken hastily or lightly. If an effective program has been selected based on a good alignment with the local program's goals and outcome objectives, then it is likely that minimal adaptations will need to be made, especially to the processes in the curriculum by which participants gain knowledge and skills.



A second, key takeaway is that any adaptations need to align with the **program theory**. The program theory or impact model is a clear description of the causal mechanisms by which risks are mitigated and protective factors are promoted in order to achieve positive outcomes. It will describe what outcomes are expected to follow from effective services that meet clients' needs, with these effective services being the critical components and functions of a program. All of these will be useful in defining "**adequate performance**" in delivering services.

Botvin's Life Skills Training (LST) program to prevent adolescent substance abuse and violence is a good example of a program theory that is effective if implemented well. LST documents describe multiple processes that could have been the basis for the program theory. These research-based processes strongly linked to teens' substance use included social factors such as behaviors and attitudes of parents, siblings, and friends; poor family relationships and ineffective parenting practices; media norms and messages; social norms; and mental health issues as well as neurochemical pathways. All could have been key ingredients of LST's theory of change. The approach Botvin and colleagues settled on was to focus on social resistance skills, including anti-drug use norms; improve personal and social skills such as decision making and problem solving (e.g., self-management, including enhanced self-esteem); peer refusal skills; and drug-related information including social norms. Given the sound research basis for focusing on these processes that consistently predict adolescent substance use, and the well-documented effectiveness of the LST program if implemented with fidelity, an adaptation that excludes one or more of these elements of the program theory likely would be less effective. However, note that program modules related to family strengthening are not included in the LST curriculum even though research shows that a program that focused on this process is likely to be beneficial. This suggests that *supplementing* the LST program with activities that improve effective parenting practices is likely to be a successful adaptation. Still, any program adaptations must be recorded and evaluated when they are implemented.

Section Synopsis

A core caution about modifying an evidence-based program (EBP) to meet local needs is that some adaptations may be counterproductive and not in keeping with the EBP's theory of change. In such cases, it could no longer be construed as the EBP that you "bought." One compelling reason to adapt a program, if the theory of change is adhered to, is that some "green light" modifications can lead to greater impact. Also, such adaptations can inform the prevention science field about which interventions work well under which local conditions. Thus, (a) adaptations should be done with care and in consultation with the program's developer, and (b) solid data on how your program was implemented should be collected on an ongoing basis, linked to the program's impact, and be included in reports to the community and funder.

Best Practices in Service Utilization and Adaptation



Best Practices in Service Utilization and Adaptation

Thought Questions

- What are some methods your staff considered for documenting and evaluating adaptations made to the evidence-based program (EBP) you adopted?
- Were there any decision-making processes discussed by your staff that would be useful to other replication sites to implement when adapting an EBP?
- What is your level of confidence in implementing adaptations to your current EBP(s)?

In a review of best practices in implementing evidence-based programs, Cooper and her colleagues (2019) identified several research-based guidelines that we highlight to begin this section. They start with the affirmation that “it is possible for fidelity and adaptation to co-occur without negatively influencing outcomes and in some cases may even improve program effectiveness and sustainability” (August et al., 2010). Whether an adaptation is benign or beneficial, though, hinges on your familiarity with the original program, reflection by site staff and stakeholders, and due diligence in collecting and assessing information. For example, the more familiar you are with programs that fit the replication site’s needs and population, the less likely you will need to make more than cosmetic adaptations, especially if the EBP has been adapted previously.

A pivotal step in assessing the potential to adapt a program is to become familiar with the core elements that make the EBP effective, or theory of change and how it is enacted (SPR Standard 2.d). Cooper et al. recommend that a task force of local program staff and other stakeholders be convened to review the EBP’s objectives and activities, and to discuss how the local social context, resources, likely barriers, target audience, and desired outcomes are a good fit for the selected program. This process increases the odds that you will implement the EBP with fidelity yet you are still likely to meet the local community’s needs.

The theory of change—the research- and concept-based foundation of a program—still needs to be translated into program activities, some of which may be a mismatch between the skills of those who were enrolled in the original efficacy trials, conducted by the program developers, and those who the community’s program staff will recruit into the effectiveness trial. Common examples of this mismatch would be the EBP’s reliance on written materials that require high school level reading skills or educational materials that are grounded in middle class culture. The best practice to address these mismatches would be to convene a panel of individuals who are familiar with the local populace, including program staff, to identify mismatches between the original program model or materials and the new context. As Cooper et al. note, mismatches may be evident in program goals and objectives, characteristics of the focal population such as language, staff cultural competence, and local cultural norms and values. At this juncture, the program developer should be consulted to determine whether these mismatches require adaptations and if so, what they would entail. These adaptations might require you to consult colleagues in human services, the local school district, and cultural brokers to design activities that meet the EBP’s program objectives but are suitable for the local populace.

Like signs in Yellowstone National Park that direct visitors to stay on boardwalks and away from dangerous hot pools, there are “safe” or acceptable adaptations that are unlikely to diminish a program’s effectiveness and there are adaptations that are ill advised if not counterproductive. The PRC uses green, yellow, and red lights to distinguish among these options; these guidelines may be found in this guidebook’s section for [Models and Frameworks of Adaptations: General](#) or in separate documents provided to our community partners. Among the acceptable or green-light adaptations described by Cooper et al. are:

- Changing language by translating and/or modifying vocabulary
- Replacing images to show youth and families that look like the target audience
- Replacing cultural references
- Modifying some aspects of activities, such as physical contact, or materials based on literacy levels of the group
- Adding relevant, evidence-based content to make the program more appealing to participants

On the other hand, red-light adaptations would be those that affect the program’s targeted risk and protective factors, which are the basis for most if not all EBPs in prevention science and public health, or other core elements of the program design. If any such alterations of the theory of change are contemplated, they should be done in collaboration and with the consent of the program developer. *Caveat emptor*: If these types of unacceptable changes are made, it cannot be considered the same evidence-based program and more in-depth evaluation, with random assignment to groups, would be needed before making any claims about effectiveness. That is, you would have moved the needle from the category of effectiveness trial to efficacy trial and all of the obligations pertaining thereto.

Finally, Cooper et al. as well as multiple other prevention scientists strongly recommend that replication programs adopt a continuous quality improvement plan. This typically includes ongoing data collection to monitor fidelity to the adapted version of the EBP, perhaps using a management information system, and using at least some of the program developer’s outcome measures to determine if the adapted version is having a similar impact as did the original EBP. Ongoing discussions with staff about fidelity, adaptations, participant engagement, and outcomes would help make midcourse corrections as needed. As Cooper et al. noted, having periodic training sessions with your facilitators can ensure that the program continues to be delivered with fidelity and/or adapted in response to emerging community needs.



Monitoring Service Utilization

One of the first steps in developing an implementation plan is to define who is to receive program services based on need and how they will be recruited. These two activities typically are included in any grant application and ideally are specific enough to provide guideposts for implementation.

Attracting clients. One implementation criterion is **coverage or reach**: How well does the program attract participation of its intended audience? Meeting this criterion usually requires outreach efforts—perhaps involving media blasts, social networks, and collaboration with various human service agencies and school districts—as well as accessibility and incentives. Schorr’s (1989) book on attributes of high-impact human service programs identified accessibility to services as one of 14 key features. Accessibility typically is defined in terms of geographic proximity to the target population, provision of transportation by means of a van or nearby bus transit stop, and hours of operation. Incentives could include remuneration for time devoted to attendance, free childcare, and meals. As well, Schorr found that effective programs maintained client involvement by having well-trained staff being able to establish rapport with clients and especially to advocate for meeting their needs.

Coverage and bias. Coverage is defined as the percent of the eligible population who is served by the program. (For example, Head Start serves only 10% of the eligible population.) Bias in enrollment may be a more important criterion to assess, particularly if there is open enrollment but a preference for underrepresented, high-needs groups such as low-income families and people of color. Equally important is evidence for *creaming*: Selection by staff of the most success-prone individuals or families. We have evaluated some programs where well-functioning friends of the program staff were enrolled to the exclusion of high-needs families that required more intensive services, resulting in little to no program impact because of ceiling effects. In essence, an assessment of implementation fidelity should include a comparison of who the intended audience should be versus who actually enrolled in the program. If there is a control or comparison group, it is best practice to compare the demographic profile of both groups for evidence of selection bias, including creaming.

Best Practices in Program Implementation

Implementation of a program entails multiple dimensions. As described in Berkel et al.’s (2011) model, these include fidelity to protocol, the quality of the delivery that consists of interactive teaching methods and clinical process skills, adaptations to the curriculum, and participant responsiveness (i.e., attendance, active participation, home practice, and satisfaction). It is rare for a program to assess all of these dimensions, but it would be helpful to do so in order to discern how well an EBP replication is adhering to its logic model (See [Appendix D](#) for an example) and to explain variations in program impact.

Putting the Berkel et al. model into practice requires the program evaluator and/or your staff to specify the actual services, in operational terms. If a program provides multiple services or modes of delivery, they should be separated into program elements for evaluation of impact and efficiency, and for replication at other sites. This would be especially important when multiple services are provided based on individual client needs, which would be an example of a tailored or adaptive program rather than a standard treatment (see Kalafat et al., 2007 for an illustration).

A checklist of best practices in monitoring program implementation would include the following, although this is by no means an exhaustive list that could be supplemented by parameters identified in the statewide assessment of implementation of three types of programs described by Dariotis and colleagues (2008).

- ✓ Identify the program goals and their rationale; i.e., a program model that is “a credible theory of practice.”
- ✓ Describe the type and extensiveness of the services. This can be done by comparing on-site observations to written descriptions of the goals and objectives. This should be done for programs that are used by the control group as well in order to get a handle on criterion contamination.
- ✓ Identify program characteristics that are critical in the eyes of the staff. This can be done by using concept mapping to describe the program and assess fidelity to the program model, or have experienced staff rate each program activity where 1 = *Discretionary*, 2 = *Important*, and 3 = *Essential*.
- ✓ Describe who provides services, including their training in the curriculum’s content and purpose as well as interactive teaching methods and clinical process skills (see Berkel et al. for details). Interactive teaching is defined by two facilitator skills: (1) the ability to elicit sharing and engagement that supports clients’ practice of what they are learning, and (2) the facilitator’s enthusiasm and clarity of presentation. Clinical process skills involve reflective listening and summarizing in order to promote group cohesion and trust. Both increase participant responsiveness and contribute to program impact.
- ✓ In terms of accessibility, what are the structural and organizational arrangements that facilitate participation in the program? For instance, if your program serves Hispanic or Latine families, is there a Spanish-speaking staff member? Does the access strategy encourage differential utilization by enrollees from various social/cultural backgrounds, or is there equal access for all potential clients?
- ✓ In terms of retention, do participants remain in the program and terminate when planned? This may be problematic because when dropout rates are high, costs per potential participant become excessive.
- ✓ Are potential clients matched with appropriate services?
- ✓ Client satisfaction with services is not the most valid indicator of program impact but it can provide important information about coverage and bias in enrollment: Word-of-mouth reputations for poor services may reduce access.

Related to accessibility, **rural areas** also may face unique challenges with program implementation, in particular home visitation programs (Graham et al., 2003; Hutchinson & Blakely, 2003). Among these challenges are finding and training home visitors who have adequate supervision; isolation of the home visitor who might be the only home visitor in a community; recruitment and retention of sufficient numbers of families, which directly affects the statistical power to detect significant changes in outcomes; transportation, distance, and weather challenges; lack of health and mental health services for referrals; and high familiarity between community members and human service providers that may inhibit participation or, conversely, a lack of trust in a provider seen as an outsider.

Monitoring Delivery of Services: Implementation Failure or Fidelity

If an evidence-based program is delivered in an effectiveness trial but has a weak or no impact, quite often the culprit is **implementation failure**. Among the multiple forms this failure may manifest are these, each of which may require a different evaluation tactic to provide documentation of the root cause:

- ✓ **Limited treatment strength.** The intervention as delivered was weak, with the dilution being in the form of reduced dosage or elimination of some key processes that were required by the theory of change. This situation may occur when a program designed for groups of moderate-needs enrollees (selective prevention) is provided to high-needs individuals who require individual clinical services. Such a situation may exceed the scope of personnel training.
- ✓ **Wrong intervention.** Perhaps the curriculum content is not accepted by the clientele, which may happen if there is a mismatch between the cultural norms and values of the clientele and the content of the program's curriculum. Or the delivery system is too sophisticated to be delivered by the local staff. Or staff are less invested in and motivated by a replication program that already has sufficient evidence of its effectiveness, and they are more committed to trying something new and cutting edge.
- ✓ **Staff resources.** Staff have insufficient time to deliver the program as designed, perhaps because of other commitments or staff training takes more time than they can devote to mastery of the curriculum. In our collective experience, a few potential staff members did not have the communication or social skills to connect well with diverse individuals, which endorses the importance of careful screening and in-depth training of potential staff.
- ✓ **Contextual factors.** Various contextual factors may undermine the program's impact. These can include enrollment of a high percentage of at-risk youth and/or families, a dangerous or deteriorating context such as drive-by shooting as happened in one of the programs we evaluated, programs that focus on hard-to-reach individuals such as homeless individuals, and contextual constraints in terms of participant limitations on time or transportation.

Excellent systematic studies of what contributes to effective program implementation (e.g., Dariotis et al., 2008; for a review and conceptual model, see Berkel et al., 2011) or undermines it (e.g., Hill et al., 2007) have identified a rather lengthy list of processes. Most of these processes are incorporated into implementation guidelines and a self-evaluation checklist developed by CSU's Prevention Research Center as well as implementation evaluations developed by several evidence-based programs that are listed in the [Appendices](#) (see Appendices A-C). For brevity's sake, we have listed some of the primary ones that are significantly related to program adherence:

- ✓ *Less complexity* or a narrow focus of the program, although this has a downside because programs that are broader in scope tend to be more effective.
- ✓ *Staff training* of 20+ hours that is ongoing plus hiring high-ability staff, both of which relate to understanding of the program's theory of change.
- ✓ *Quality of training* including workshops and ongoing communication with trainers.
- ✓ *Staff efficacy*, morale, and investment that contribute to prioritization of high-quality implementation.
- ✓ *Leadership* within the organization, specifically an initiating style that contributes to accommodation and being more involved in implementation.
- ✓ *Climate/culture* that supports change and provides adequate resources to do so.
- ✓ *Community collaborative support systems* as well as support from parents for school-based programs.
- ✓ An easy-to-use, *clear instructional manual* with specific delivery strategies.
- ✓ *Time management*: Hill et al. found that the most common reason for deviations from protocol was running out of time, closely followed by the facilitator providing clarification or additional information, both of which were twice as frequent as disagreeing with the program content.

Assessment of Fidelity and Adaptations

Leading lights in prevention science advocate for routine assessment of implementation fidelity, and SPR standards 5.d and 5.e recommend that when conducting effectiveness trials, data on local adaptations and the quality of implementation should be measured and reported. As of yet, though, there is no standard measure of implementation, likely because most of the metrics are specific to each program's theory of change, content of the curriculum, target population, and methods of delivery. In this guidebook's [Appendices](#) (see Appendices A-C), we have provided examples of some EBPs' fidelity checklists including a more generic one developed by CSU's Prevention Research Center. Next, we provide some general guidelines about what should and might be included in assessments of implementation fidelity and adaptations.

A core feature of any measure of implementation fidelity and adaptation would be items on the program parameters, with a strong emphasis on each element of the impact model or theory of change—the program’s “active ingredients.” Some of these elements may have very specific guidelines for implementation, others may have more flexibility in delivery. These distinctions define **program differentiation**, which concerns the elements of a program that are essential to its success or intended effect (the “what” or content). Effective programs tend to be more complex, and the more complex the program theory, the more challenging it can be to implement. In turn, this contributes to the most common “adaptations” or deviations from protocol that should be tracked: running out of time and the need for clarification (Hill et al., 2007). These deviations reduce the program’s dosage, which also is a core element of implementation evaluation.



What happens when a facilitator runs short on time to complete all activities in a given session—when one only has time to “adapt and address?” Audiovisual resources might be available to facilitators to guide them in how the process can be adapted without eliminating activities, especially if most activities are considered essential. These adaptations include assigning readings as homework and using sticky notes to capture questions that participants were unable to ask (aka the “parking lot”). Also, facilitators might proactively manage time by sending out two emails after each session: (1) a recap of what was covered in the last session, and (2) what’s on tap for the next session.

Studies of program implementation typically include 15 (Hill et al., 2007) to 26 (Dariotis et al., 2008) or more criteria that can be evaluated. Some common categories are listed in the previous section, and specific items are included in the sample implementation evaluation checklists in this guidebook's [Appendices](#) (see Appendices A-C). Kalafat et al. (2007) recommended that rating scales of degree of implementation be used rather than binary evaluations of present/absent, to better capture the range of partial implementation such as “sometimes” or “not fully to standard.” Also, descriptive aspects of the intervention’s context can be helpful information for understanding restraints and resources for the present intervention as well as guideposts for future interventions. These descriptive aspects often include site characteristics, the sociopolitical context, and population characteristics.

Local conditions may alter implementation in multiple ways that should be documented as guideposts for future effectiveness trials. For instance, insufficient financial support and a hostile political climate will limit a school’s or community’s ability to fully implement a program. These barriers were illustrated vividly in Gottfreson et al.’s (1997) “case study of a school not ready to support change,” in which school and district leaders were quite supportive of the proposed intervention but with turnover of key staff, implementation of the promising program ground to a halt. Among the causes of implementation failure were inadequate training of teachers (70% of program lessons were taught with no training), suspicion of outsiders implementing and evaluating the program, loss of leaders who were champions of the program, lack of concern among new leaders about program effectiveness, and a crisis management mentality rather than a positive climate for change (e.g., high staff morale and involvement in problem solving). Among other local conditions that can impede implementation are institutions that value standardization rather than flexibility, narrowly focused programs rather than comprehensive services, and a reluctance to invest adequate funding in widely disseminated programs for low-income individuals and families.

Section Synopsis

This section provides more details on how to monitor adaptation and what modifications might be beneficial versus counterproductive. The cardinal rule is that you should adhere as closely as possible to the evidence-based program’s theory of change, and as much as possible that adaptations be limited to green light changes. We have provided you with a list of best practices in assessing implementation, most of which can be included in a management information system. Finally, there are multiple explanations for how problems with implementation can undermine program impact and processes that contribute to effective implementation that you should be familiar with before launching your program. If the initial results from your program indicate that it’s not having the desired effect, these lists can be helpful in diagnosing the problem.

Adaptations: Frameworks and Best Practices



Adaptations: Frameworks and Best Practices

Thought Questions

- What are some guidelines or models that your team uses when making adaptations to an EBP?
- What is your level of confidence in making decisions about adaptations to your current EBP(s)?
- What is your level of confidence in considering culture in your team's adaptation decisions?

Fidelity and Adaptation: What's All the Tension About?

Implementation fidelity monitoring and adherence may ignite frustration among EBP implementors and facilitators. Sticking to a rigid program may not be plausible for all environments, yet EBPs are only assumed to be effective when implemented with fidelity, i.e., as intended by the program developers. Adaptations of EBPs have offered solutions for those environments that allow more flexibility with implementation. Although such adaptations are typically well-intended, there is no way to know if they are effective or not without an effectiveness trial, and their known impact on program outcomes requires rigorous evaluation processes. Still, adaptations of EBPs are needed in many communities, and they occur regularly and for a variety of reasons. So, this brings forth the debate or tension between fidelity and adaptations. Which is more important?



Arguably, fidelity and adaptation of program implementation are equally salient for program efficacy (Castro et al., 2004). Implementing a program with poor fidelity can potentially lead to decreased or ineffective program outcomes, but implementing a program with 100% fidelity is not only difficult but may also lead to issues in program delivery for some unique communities (also leading to decreased or ineffective program outcomes). Finding a balance between fidelity and adaptation can be the most important, and sometimes trickiest, aspect of implementing your EBP. This dilemma between meeting program fidelity and making adequate adaptations has shed light on the messy nature of making program adaptations. In this section, you will find guidance on how to reach that balance within your community setting. Guidance will be provided on (a) identifying types of adaptations, (b) examples and models of adaptations, and (c) best practices for adapting EBPs. Spoiler alert! There is no panacea, or one size fits all approach, when it comes to program adaptations, and there remains hefty work to be done in this research space. We have compiled research, theory, and experience to organize the best practices when it comes to adapting EBPs.

Identifying Types of Adaptations

Adaptations are the modifications made to a program. They come in various forms and occur for a number of reasons, such as accommodating the needs of program recipients or recognizing the resource constraints within an agency. As you will find in this section and in our external [Research to Practice Tools](#), not all adaptations are created equally and not all are recommended. Here are some ways that adaptations to EBPs are executed:

- **Content:** Adapting program content is quite common. Adaptations to program content may include modifying visuals, language, modules, activities, or other materials. These modifications often occur through adding, supplementing, or omitting program content. This can also include evaluation tools and practices such as surveys and survey instructions.
- **Delivery:** Adapting program delivery occurs sometimes, too. This includes making modifications to how the program is received by the participants. For example, the program facilitator, program location, or the method of content delivery (e.g., virtual or in-person) might be adapted according to resource availability.
- **Dosage:** Adapting program dosage is sometimes done as well. These adaptations may include changing the frequency or amount of time spent implementing the program. Collins and colleagues (2004) suggest a model using specific decision rules to guide adaptations of program dosage for a subgroup of participants within a program (e.g., a higher dosage may be appropriate for a subgroup of individuals that would benefit from the added materials). This is ideally done through a set of guidelines within an adaptive intervention. Adaptive interventions are fairly sparse, but these are programs that are designed with suggested options for making adaptations.

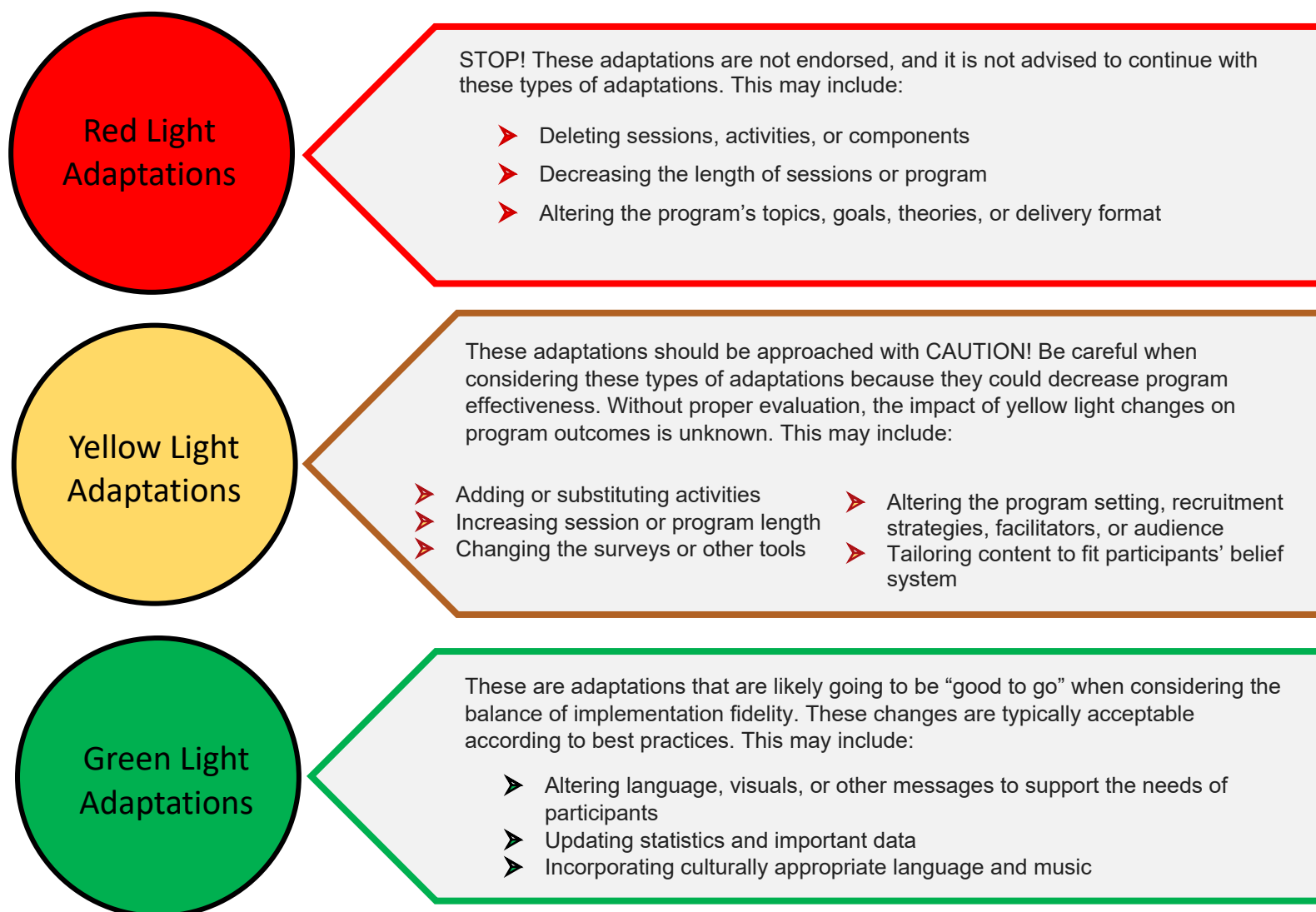
Models and Frameworks of Adaptations: General

Below you will find a few examples of existing models and frameworks to help conceptualize adaptations and identify what decisions will work best for your agency and community. All of the following models and frameworks are research-based and recommended as best practices. These are frameworks for making adaptations while maintaining the fidelity of implementation. Also, see our [Adapting EBPs Part 1](#) and [Adapting EBPs Part 2](#) research-to-practice tools for more guidance.

The Green/Yellow/Red Light Adaptation Model

(Balis et al., 2021; ETR & CDC/DRH, 2012; Rolleri et al., 2014)

This model offers an analogy to differentiate acceptable types of program adaptations from those that are not recommended. Originally designed to guide adaptations of sexual health programs, this model suggests that a common traffic light can characterize adaptations as green light, yellow light, or red light changes:





Adaptation Taxonomy

(Moore et al., 2013)

This model offers an alternative way of viewing adaptations in natural settings. The idea behind this model is for the implementer or evaluator to understand the *when, what, why, and how* behind adaptation decisions through the use of three dimensions:

Fit (Philosophical vs. Logistical)

- ✓ Philosophical fit is used to examine whether or not a program fits with the agency/practitioner or the participants on a philosophical level. This includes fit based on culture, beliefs, and values.
- ✓ Logistical fit is used to examine the fit between the program and the capacity or ability of the agency/practitioner or the participants on a logistical basis. This includes available resources, time, skills, and developmental abilities.

Timing (Proactive vs. Reactive)

- ✓ Proactive adaptations are those that are planned before implementation begins
**More likely to be successful than reactive adaptations!*
- ✓ Reactive adaptations are typically unexpected and made during implementation.

Valence (Positive, Negative, or Neutral)

- ✓ Valence refers to how well an adaptation aligns with the program's theory of change (i.e., program goals and methods to attain those goals; theory of change). Valence in this sense is considered:
 - Positive valence: the adaptation aligns with the program's goals and theory. **This is ideal to uphold fidelity of implementation!*
 - Negative valence: the adaptation and the program's goals and theory are divergent. **This could hinder the fidelity of implementation and outcomes!*
 - Neutral valence: the adaptation neither aligns with nor diverges from the program's goals and theory.

The Commonsense Cookery Book: Basic Plain Cake with Variations (Kemp, 2016)



A twist on a traditionally used recipe in a culinary cookbook, the Commonsense Cookery Book: Basic Plain Cake with Variations framework offers a baking recipe analogy to guide adaptation decisions. Originally designed for balancing fidelity with adaptations of an internationally implemented maternal home visitation program, this framework emphasizes the importance of fidelity, proactive adaptations, program monitoring, and sustainability efforts. The recipe core components represent aspects of fidelity, and the variations represent adaptations. The recipe's main components include:

Core Ingredients

The core ingredients of a cake recipe include items such as flour, eggs, and sugar to name a few. Without those ingredients, the cake will not produce the desired outcomes. In terms of an EBP, core ingredients may include the program's theory of change and processes that are salient to producing program outcomes. This involves the program's core components, theory of change, facilitator roles, and location setting, for example. Core ingredients are what make the program (or cake) work.

Core Methods

When baking a cake, the method may include how to mix the ingredients, how long to bake the cake, and what temperature is best. These methods exist because they have been tested and shown to work. When implementing an EBP, the method of how, when, and why it works has been tested, and changing things up could negatively impact the results. Core methods of an EBP may include program delivery methods, surveys, environment, dosage, activities, implementer-participant relationships, and other methods that include connecting with participants. Adaptations to these methods should be approached delicately.

Core Equipment

When baking a cake, the size of the baking tin or the type of oven can be important for that specific recipe to produce a cake with desired outcomes. In terms of EBPs, core equipment may include the capacity of the agency, staff training, facilitator skills, and fidelity monitoring tools. Without the right tools for success, it can be difficult to implement a program and produce positive outcomes.

Variations

The core cake recipe can be used as a base for many variations and flavors of cakes. Traditionally, this includes adding a few ingredients that will enhance the flavor, but the core components will remain unchanged. When adapting EBPs, this still applies. Suggested variations tend to involve adding, but not subtracting, components. This may include incorporating additional resources to support a cultural group, incorporating culturally representative staffing or content, modifying local policies and statistics, and adding evaluations or guides. Considering both philosophical and logistical fit (see Adaptation Taxonomy), variations, or adaptations, should be intended to align with the program's of change. Decisions regarding variations should always be collaboratively made prior to implementation for best results.



Models and Frameworks of Adaptations: Culture

Below you will find a few examples of existing models and frameworks to help conceptualize cultural adaptations and identify what decisions will work best for your agency and community. All of the following models and frameworks are research-based and recommended as best practices for making adaptations while maintaining the fidelity of implementation.

Culture is used in this guidebook to describe the values, behaviors, worldviews, experiences, and traditions that are often passed down within a group across generations. It is not a term that is interchangeable with ethnicity, but ethnicity is included as an example of culture. Other examples may include various identities including gender, ability, or socioeconomic status (SES). Several evidence-based cultural adaptation frameworks exist, (see Bernal & Domenech Rodríguez, 2012) and many of these models or frameworks are evidence-based clinical practice (i.e., counseling and therapy). These ideas can be modified to fit your adaptation needs when implementing a program. Below are a handful of commonly utilized frameworks that may be helpful for you and your team. Also, see our [Cultural Adaptations Part 1](#) and [Cultural Adaptations Part 2](#) research-to-practice tools for more guidance.

Cultural Sensitivity Framework (CSF)

(Resnicow et al., 2002)

The CSF is a model originally intended for making cultural adaptations to substance use prevention/intervention programs. This framework highlights the benefits of using mixed methods research approaches to seek insight into a culture and then guide adaptation decisions. Suggested mixed methods research approaches include a combination of quantitative and qualitative data that are both already existing and newly collected. “Cultural sensitivity” is the concept used to describe how deeply a culture is considered in a program’s “design, delivery, and evaluation.” This may include whether beliefs, values, experiences, and environmental aspects of a given culture were considered. Adaptations, in this case, are divided into two dimensions:

Surface Structure Adaptations

- These are basic (and typically observable) adaptations. EX: modification of visuals, music, language, messages, program location, and program name

Deep Structure Adaptations

- These tend to focus on a root cause of a specific problem including broader environmental impacts. EX: modifications that consider environmental, socio-historical, or socio-political influences on a cultural group.

Note. It is still debated among researchers and theorists which type of adaptation is best, and this plays a messy role in the tension between fidelity and adaptation. This should be considered on a case-by-case basis.



Heuristic Framework

(Barrera & Castro, 2006)

The primary goal of this Heuristic Framework is to identify which aspects of an EBP require cultural adaptations. It was originally designed to complement Lau's (2006) Selective and Directed Treatment Adaptation Framework (SDTAF) which focuses on evidence and participant engagement. The Heuristic Framework further highlights the importance of identifying statistical mediators, (i.e., processes that further explain the relationship between two variables) to help understand the full picture of how an outcome is achieved. This framework involves four sequential steps to making adaptations:

1. *Information Gathering:* Collecting data and background information is important in understanding adaptation needs. This may include the use of research, literature, stakeholder perspectives, and clinicians or program facilitators in the field.
2. *Preliminary Adaptation Design:* Guided by Step 1, this is a draft of adaptations that can be shared with stakeholders to gain further insight through qualitative research. In other words, getting feedback or consensus from stakeholders about the proposed adaptations.
3. *Preliminary Adaptation Tests:* This is the execution of adaptation in a controlled setting. Tests may include a pilot study, pilot program implementation, or a case study to assess the adaptations and then refine the adaptations in the next step.
4. *Adaptation Refinement:* Guided by the results from Step 3, this includes more rigorous testing as refinements to the original adaptations are made.

Ecological Validity Framework (EVF)

(Bronfenbrenner, 1977, 1989)

The EVF is based on ecological systems theory that emphasizes the direct effect that an individual's environment (ranging from proximal to distal) has on their development. The basis of this framework is to use the concept of ecological validity as a driving force for adaptations. Ecological validity is essentially a notion of how well the treatment or program aligns with the cultural experiences of the client or participants. This highlights the importance of understanding the unique cultural experiences of the participants rather than following assumptions. EVF offers 8 areas to make adaptations:

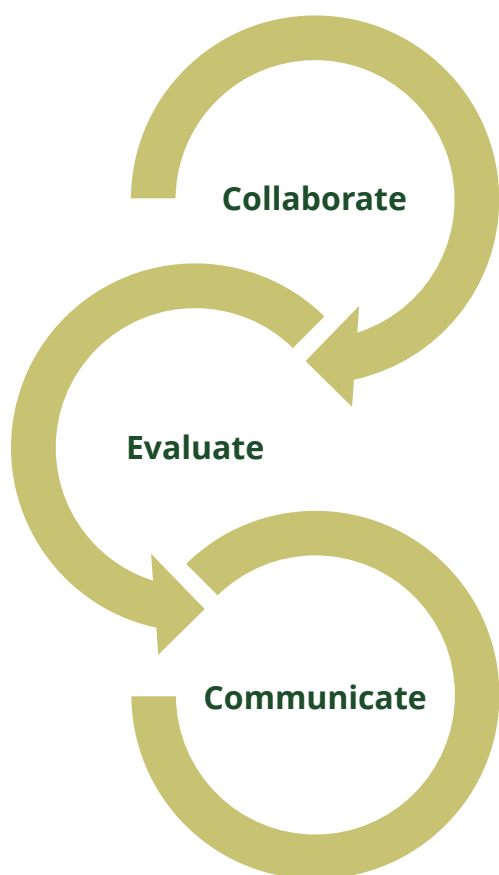
1. *Language*: including oral, written, and jargon or slang
2. *Persons*: referring to the fit between the participants and facilitators. This includes ethnic matching if warranted, interactions between the two, and the participants' expectations of the facilitators
3. *Metaphors*: can be verbal or visual (such as objects) that exist within the program and also the space in which the program is held
4. *Content*: accommodating values, customs, and traditions throughout the program content
5. *Concepts*: such as socio-cultural concepts including traditional social structures of interaction. (e.g., if working with individuals from a collectivist culture, then adaptations may need to support familial or group identity and needs rather than individual identity and needs.)
6. *Goals*: aligning the program outcomes with cultural beliefs toward the outcomes
7. *Methods*: including how the outcomes are achieved and adapting to fit the needs of the participants
8. *Context*: using socio-political contexts to guide decisions and engagement (e.g., if working with unhoused participants within urban regions, adaptations may revolve around program accessibility and resources that support the local regulations/policies around unhoused and low-income individuals)



Best Practices for Adapting EBPs

The Research-to-Practice team at CSU's Prevention Research Center developed this guidebook alongside various tools to help unify the research and practice of EBPs. The following recommendations are research-driven and community-informed. The goal is to provide palatable suggestions on how to adapt your EBP in a way that prevention scientists endorse and program facilitators could realistically utilize. Refer to our [Research-to-Practice Tools](#) for more on best practices in monitoring fidelity, making adaptations, and finding the best balance between the two.

The Essentials. Throughout all of our suggestions on best practices for balancing fidelity with adaptations of EBPs, there are common threads that are essential for success:



Collaborate. Continuously collaborate with your community through community needs assessments, coalitions, and advisory committees to attain a community voice. Collaborate with program evaluators, the program developer, and technical assistance (TA) professionals along the way to ensure best practices in adaptations. Start this process earlier than later to see the best results.

Evaluate. Evaluating adaptations is a critical, ongoing step with any adaptation. Evaluations can be tricky and time-consuming. Work with a program evaluator for assistance!

Communicate. Communicate among your team to avoid bias and allow diversity in adaptation decisions. This can also help to understand an agency's strengths and weaknesses regarding implementation. Communicate with stakeholders and your broader community to share findings and build buy-in. This will be critical for the sustainability of your program and your efforts.



The Traffic Light Model for EBP Adaptations

The Research-to-Practice team at the CSU PRC uses [The green/yellow/red Light Adaptation Model](#) (ETR & CDC/DRH, 2012) to guide adaptation decisions (see details in the prior section). This model has offered an applicable analogy of a traffic light to decide if an adaptation should be continued with, applied with caution, or completely avoided. We have adapted this model to fit a broader audience and developed [a user-friendly tool](#) to assist our community partners in making adaptations. We refer to this as *The Traffic Light Model*. When working with local communities we have noticed that not all decisions are black and white. This murky, gray area is something we refer to as “orange light” changes when an adaptation scenario blends between two colors. In this case, we suggest to err on the side of caution and assume the more unfavorable color. For example, if the adaptation is a yellow light change because you are adding material, but the added material is either conflicting with the program’s theory of change or shortening the intended lesson, then that adaptation becomes less clear. In this example, the adaptation falls into the red light category because the potential detriments of the red light category outweigh that of the other categories. Similarly, if you are altering the program audience (a yellow light adaptation) but the program content is not developmentally appropriate for the new audience, then this too is a messy adaptation. This example is also a red light change. In this case, the program’s theory of change will be compromised because it did not include the drastic change in the audience upon program development, efficacy trials, and effectiveness trials. Furthermore, implementation fidelity will be negatively impacted due to a lack of participant responsiveness if the content is not developmentally appropriate. These orange and blue light categories highlight the importance of collaborating within your team and with outside professionals, such as the program developer or a TA provider, when making adaptation decisions. Lastly, our team recommends evaluating all adaptations using a program evaluator.



Recommendations for Making Cultural Adaptations - by the CSU PRC

The Research-to-Practice team at the CSU PRC condensed several evidence-based frameworks (e.g., Bernal & Domenech Rodríguez, 2012) into 7 steps to consider when making cultural adaptations. The following 7 steps are meant to be realistic for the implementation team while also maintaining best practices as indicated by research. See our [Step-by-Step Guide to Cultural Adaptations](#) for more guidance.

1. Understanding the Subcultural Group

This involves collecting information through research and community collaboration initiatives such as coalitions, community needs assessments, and advisory committees. The goal of this step is to understand the program audience along with their unique strengths and needs. The “subcultural group” is a refined depiction of who your participants represent. For example, the overarching culture of most of your participants may be a specific ethnicity or geographical region (e.g., Latine or rural farming community), and the refined subcultural group may further describe your participants (e.g., Mexican American families living in poverty). This can be a difficult step if your participants represent many different cultures, but this can also be beneficial in providing the most culturally responsive accommodations.

2. Program Selection

After gaining a community voice and insight into your program audience in Step 1, it is important to select a program that considers the culture or subcultural group of your community in some way. This step helps to avoid a snowball effect of issues that can arise when implementing a program that is not a good fit for your community. Consider using a program selection website listed on our [Implementation Resources Page](#) to assist with this. We also suggest working with a program evaluator or technical assistance professional to find the best-fitting program for your participants.

3. Connect with Experts

Doing it all on your own is great when you have the resources and expertise to do so. If not, then program evaluators and technical assistance professionals (such as the [Prevention Research Center](#)) are typically needed to bring in their expertise in tasks such as program options, program fit, and best practices in balancing fidelity and adaptations. It is typical to wait until after program implantation to bring in a program evaluator, but their assistance can be helpful at any stage of implementation – it is never too early or too late to connect with a professional.

4. Adapt & Train

Create a plan for adaptations. Embedded in your plan should be a plan to train staff on how to implement, monitor, and evaluate those adaptations. The training required to make adaptations is time-consuming. However, well executed adaptations can pay off, whereas poorly executed adaptations usually result in more headaches and a failed program. A program evaluator can be quite helpful at program inception in helping program staff to align the theory of change with outcome objectives and the curriculum.

5. Test Run & Evaluate

Test run (i.e., pilot test) your program. In the process of doing so, execute your plans for implementing, monitoring, and evaluating any adaptations. Be sure to monitor the fidelity of implementation using [Fidelity Checklists](#) or other tools provided by your program developer to allow communication among the implementation team and to keep track of how well your adaptations are being balanced with fidelity to protocol. This is considered a test run because when adaptations to an EBP are made, it is no longer a tested EBP, but an adapted or modified version of the EBP. Monitoring and evaluating implementation, adaptations, and outcomes are critical for test runs or pilot programs.

6. Revise & Re-Implement

After the test run is complete, reflect on how it went. What are the results of the fidelity monitoring and evaluations? Use the feedback from the test run to collaborate with your team, your community, and outside professionals to inform revisions to the culturally adapted program. The goal here is to refine your program and re-implement it as a stronger program that yields positive results.

7. Share Findings

Regardless of how successful your culturally adapted program was, it is helpful to share findings with key stakeholders. For example, sharing results through newsletters, social media, infographics, or events. Sharing results and experiences can inform whether the adapted program should continue to be implemented or recommended to other agencies for implementation. This step can be critical for the sustainability of the program and can help build community buy-in.

Section Synopsis

This section offers examples of existing models and frameworks that can guide your decisions on when, why, or how to adapt an EBP while balancing fidelity of implementation. The secret includes making decisions before implementation begins, communicating within your implementation team, collaborating with your community and prevention professionals, and always evaluating adaptations. Refer to our **Research-to-Practice Tools** for step-by-step guidance in the area you need support.



Coalition Building



Coalition Building

Thought Questions

- What is a coalition and when should you consider forming one?
- How do you lead and maintain a successful coalition?
- What are stakeholders and which ones should you include in your coalition?

What is a Coalition?

A coalition is a formal partnership encompassing diverse individuals and organizations who unite their time, efforts, resources, and skills towards achieving a common goal. Such alliances are strong community advocates that engage community leaders and members in equitable prevention and health promotion efforts. Coalition members are powerful agents of change that collaboratively identify important community needs, select and create innovative programs and solutions, and mobilize community support. Furthermore, when coalitions are inclusive of underrepresented community members, including those most affected by the group's efforts, coalitions can serve as a sounding board for making culturally relevant and sensitive adaptations for program participants.

Why are Coalitions Important to Successful Program Implementation?

Community partnerships are essential to the successful implementation and sustainability of evidence-based programs. Preventive interventions are effective only to the extent that they are accepted by the community and program participants and implemented with fidelity. Building partnerships with local community members and organizations assists with acquiring needed resources and support and promoting efforts through proven, effective strategies. The strategy of building and sustaining community partnerships to promote prevention efforts informs pathological models and strategies, which in turn advances the field of prevention science. For example, work with several community organizations and members may assist program developers with identifying specific program elements that may not align with community goals or be effective for certain subgroups or populations. This information may then assist with promoting adaptations to programs, or the creation of new programs, to improve acceptance and replication in a variety of community settings.

What Does a Successful Coalition Look Like?

Coalitions vary in their structure, activities, and overall mission, but throughout the years, research has pointed to several proven aspects that foster coalition functioning. Of course, sufficient financial and organizational resources are paramount for implementing effective programs or services.



Because coalitions are primarily volunteer-based organizations, there are many factors to consider. For example, collaboration is noted as an influential factor that affects coalition success and member retention. Coalitions must work to cultivate positive internal and external relationships throughout their community to ensure the continued promotion of efforts and community engagement throughout the full implementation process. Fortunately, members who already have a positive history within the community can assist with promoting these relationships, encouraging community members to view the coalition as a legitimate agency. If your coalition members would like to assess their collective strengths (and assets that are still being developed), including those related to leadership and collaboration, we recommend that your team completes a few of the scales from the Civic Capacity Index (CCI; Chrislip et al., 2022); see [Appendix E](#). The CCI has strong evidence of its validity in terms of being related to community resilience and well-being, trust in governance, social capital, and various public health indicators. We have used it in our community collaborations to prompt self-reflection and discussions about how to strengthen community resilience and citizens' mental/behavioral health and well-being.



Most importantly, successful coalitions ensure diverse representation within their membership by cultivating relationships with underrepresented populations and those most affected by the coalition's mission. Maintaining access to skilled, diverse, and reliable community leaders requires coalitions to appreciate and respect diversity while utilizing unique skillsets in ways that meet members' personal and professional goals. One method for aligning member interests and skillsets is to use a consensus-based decision-making process that considers all members' needs and interests. Additionally, sustainable coalitions identify a unique niche by filling unmet community needs in culturally sensitive ways. Many successful coalitions create a logic model to clarify objectives and clearly define short- and long-term goals and desired outcomes. Logic models assist with uniting members' efforts, priorities, and resources toward achieving a common goal.

When Should You Consider Forming a Coalition?

Forming a coalition strengthens individual efforts through a combination of shared efforts and strategies, decreases duplication of efforts, and improves a community's access to unique knowledge and local power. Coalitions may be formed in a variety of ways to address different community needs. You may consider forming a coalition for a short period of time to swiftly address issues of concern, or you may decide to establish a long-term collaboration to address deeper prevention issues. Often, coalitions are formed to enact long-term social change by addressing current, ongoing, and urgent community health issues and needs. For example, many evidence-based coalitions, such as Communities that Care (CTC), assist communities with implementing effective and efficient program delivery through the provision of technical assistance for monitoring implementation fidelity. Overall, a coalition should be established to increase equality and access to evidence-based programs and services that improve community functioning.



You may also choose to unite respected and diverse voices to increase intergroup collaboration and political clout while simultaneously decreasing biases that prevent positive coalition outcomes. Forming a coalition in this manner allows for proper implementation, culturally responsive adaptation of evidence-based programs, and sharing of resources. Whatever your reason, it is critical that the alliance is inclusive of diverse and representative members, engages with and is respected by the local community, has the attention of political leaders, is managed effectively through strong leadership, and consistently evaluates efforts to ensure alignment with desired outcomes.

Who Should You Involve in Your Coalition?

Diverse and influential membership strengthens coalition effectiveness. Coalition membership should be as diverse as possible and include *all* interested and qualified individuals. Such individuals are known as **stakeholders** and include both individuals who are affected by coalition activities and those who are directly or indirectly involved with coalition efforts. When coalitions have a variety of experienced members, they can access the needed skills and unique expertise required to enact effective change. A. All coalition members should possess strong links to, or respect for, the community served and maintain a belief in the power of collaborative efforts, compromise, mutual respect, and community engagement (Baker & Meletzke, 2021; Foster-Fishman et al., 2001). When recruiting members to your coalition, consider:

What are the skills, knowledge, and resources the coalition needs to build and maintain effective programs? (For example, program planning, grant writing, design, implementation and evaluation skills, knowledge of change processes.)

How can the coalition pool its resources and talents from the local community?

What community members maintain the most accurate understanding of community or selected population needs? (What community members have knowledge about the norms and perspectives of the selected community?)

How can I select members who have special expertise that is invaluable for achieving coalition goals?

Do potential members hold positive views about collaboration, believing it to be useful in achieving goals?

What individuals may have the necessary clout with important policy and decision makers to move coalition efforts forward?

How Do You Form a Coalition?

Forming a group of individuals interested in the same cause provides your group with more community influence to improve service and program implementation efforts. However, there are a few items to consider that will influence the effectiveness and success of your alliance. When uniting diverse voices, it is vital to address biases upfront to establish respect and trust for *all* members' voices at the start. A space must be created where everyone feels safe and comfortable expressing their perceptions of the group's efforts to ensure full representation of served community members. The sections that follow will assist you and your team with ensuring the selection of quality leadership and the cultivation of a positive environment that will allow members, and coalition efforts, to thrive. Described below are the first steps to consider when forming your coalition.

1

Form a core group of members. Ensure you select individuals who are interested in your cause and provide diverse skillsets, viewpoints, and access to local power (political, educational, etc.) to yield more power for positive change. Additionally, take this time to verify you are not inadvertently duplicating another organization's or institution's efforts. Duplication of services creates competition for resources and power that unintentionally decrease both groups' abilities to achieve the desired change. If you discover that your coalition is too identical to another organization, consider stopping here and using your knowledge, skillset, contacts, and resources to assist their cause. To achieve a diverse set of members, consider:

- ✓ Asking for recommendations from agencies and institutions working towards similar goals.
- ✓ Connecting with influential community members who have a known and respected desire to move your coalition's efforts forward.
- ✓ Including diverse and representative local leaders who are familiar with or will promote achievement of desired outcomes.
- ✓ Including underrepresented community members who have a stake in the coalition's mission and may be most affected by decision making.
- ✓ Being inclusive of *all* community members.
- ✓ Making special efforts to entice those who are close to the coalition's goals and will be vital in achieving desired outcomes.

2

Create your unique voice. As a core group, craft an overall vision to lead members by establishing short- and long-term goals that will assist in achieving the specified unique outcomes. During this process, it may be helpful to draft a logic model with short- and long-term goals with related activities and a brief timeline included. Successful coalitions often implement a logic model to assist their members with staying on-task.

- ✓ Determine the coalition's unique vision, mission, goals, activities, and programs.
- ✓ Decide what relevant skills, expertise, talents, and voices are needed for full community representation to ensure accurate and equitable services are provided.
- ✓ Determine methods for recruiting a diverse set of coalition members that will have unique skills, knowledge, and affiliations to improve coalition efforts.

3

Recruit members to the coalition. Be as diverse and comprehensive as possible to ensure you are selecting unique, representative voices throughout the community as well as members from underrepresented communities, involving individuals who will be most impacted by the coalition's activities. If vital community members are not interested in direct coalition participation, consider inviting them to important meetings where their input is strongly desired. Additionally, consider asking for their recommendations of individuals who they would like to have represent their voice and needs. The coalition should include enough members to accomplish established goals, but not be so large that it is disorderly or a waste of members' time. When recruiting members to the coalition, consider:

- ✓ Targeting recruitment strategies by highlighting issues and efforts that appeal to a variety of interested individuals.
- ✓ Accessing community members most affected by the coalition's efforts.
- ✓ Contemplating the costs of participation and decreasing them.
- ✓ Offering compensation in the form of knowledge, opportunities, engagement, personal and professional development, etc.
- ✓ Inviting members to select their desired level of commitment according to their interests, availability, outside commitments, and level of enthusiasm.
- ✓ Employing multiple recruitment methods that will entice a variety of unique members.

4

Host a strong first meeting. It is vital to establish trust and respect for diverse voices at coalition initiation. Core group members must set the tone by providing an opportunity for members to share their associated interests and skillsets. Simultaneously, a safe, positive environment must be cultivated that allows all members to voice their perspectives, experience, and expertise.

- ✓ Start the meeting with introductions of core members and new participating coalition members, asking each to share their interest in the coalition, related skillsets, and desired level of involvement.
- ✓ Outline the coalition's mission, vision, and short- and long-term goals. Encourage members to refer to the logic model throughout implementation to ensure their efforts align with the coalition's short- and long-term goals.
- ✓ Allow volunteer members to learn about what opportunities are available for coalition involvement and important coalition guiding principles.
- ✓ Identify potential leaders, codes of conduct, methods for conflict resolution, and decision-making processes.
- ✓ Agree on a future meeting time and place, as well as best methods for connecting with members who cannot attend in-person.
- ✓ Provide fun team building activities that are inclusive of all members to set a positive tone for future meetings to ensure members return.
- ✓ Share full meeting notes with potential members who could not attend

How Do You Effectively Lead a Coalition?

Leadership is the quality most associated with coalition success. However, coalition members are often touted as a coalition's most valuable asset. Therefore, collaboration is a critical skill all leaders and members must have to ensure success. Through collaboration, leaders can unite members in the commitment towards a shared vision and mutual understanding. Coalition leaders must not only have the capacity to engage members in the coalition's mission but must also effectively communicate and collaborate with *all* members. Although a leader's ability to collaborate effectively is affected by existing beliefs and knowledge, it may also be supported through professional development opportunities. More guidance and potential coalition assessment for leadership and collaboration can also be found in the Civic Capacity Index (CCI) scales in [Appendix E](#). To sustain a collaborative environment, consider the following qualities when selecting leaders for your coalition. Leaders should:



Successful coalitions also require collaboration among all members and the community served to develop positive internal and external relationships. Creating a detailed work plan with achievable strategies and timelines allows for members to introduce necessary affiliations for promoting efforts. Additionally, hosting an environment that encourages open knowledge and information sharing ensures everyone has a voice in decision making. This often requires members to develop new methods of interaction for unbiased support of diverse perspectives. However, this is an important step as diverse member skillsets are required for representative implementation of coalition activities. Developing and sharing a progress evaluation process upfront allows members to understand how assigned tasks coordinate with the coalition's overall vision. To ensure a shared stake in the outcome, coalition members must collectively agree upon the established mission, goals, and strategies as they work toward a shared vision.



How Do You Create a Positive Environment for Coalition Members?

Creating a positive environment is one of the more critical components of effectively managing your coalition. A positive environment is one that is cohesive, understanding, empowering, task-oriented, open, honest, and maintains effective communication and conflict resolution skills to ensure that diverse members are respected, and new ideas are welcomed. Many of the recommendations outlined in the previous sections will assist your coalition with fostering a positive environment for all members. For example, advocating for a shared vision unites members toward a consistent foundation that promotes a common understanding of the coalition's mission. A shared understanding increases collective decision-making and power sharing, ensuring that diversity is incorporated into the coalition's structure, program, and activities. *Additional suggestions for cultivating a positive environment include:*

- ✓ Ensuring individual and group differences are acknowledged and respected
- ✓ Recognizing that self-interest is a natural and respectable part of the process that requires compromise between coexisting desires and goals
- ✓ Developing strategies and supports to avoid barriers via surveys or group discussions to enhance member involvement
- ✓ Encouraging members to establish one-on-one relationships with open communication that fosters feelings of unity, belonging, trust, and group spirit
- ✓ Ensuring all voices and unique perspectives are included, especially from “quiet” members
- ✓ Providing frequent opportunities for informal gatherings and socialization
- ✓ Promoting members’ physical and mental health by providing support when needed, openly discussing concerns, and encouraging a healthy work-family life balance



Section Synopsis

Coalitions are formal partnerships consisting of diverse individuals who unite to increase their individual power to promote the achievement of a common goal. Successful coalitions contain many key elements, with the most important being collaboration among a diverse member group that assists with building positive relationships between the coalition and served community. Forming a coalition requires the establishment of respect and trust for diverse members and viewpoints from the start. To maintain diverse members, coalitions must ensure they respect unique viewpoints, utilize a consensus-based decision-making process, and incorporate members’ unique talents into the coalition’s activities. Additionally, effective coalitions employ a logic model, prioritize resources, and engage in activities that address the community’s unmet needs.



Glossary

Acceptability: Clients' satisfaction with various aspects of the innovation such as its content, complexity, comfort, delivery, and credibility.

Accessibility of services: This refers to the geographic proximity of the program to the target population, provision of transportation by means of a van or nearby bus transit stop, and hours of operation.

Appropriateness: The perceived fit with recipients, with fit being defined in terms of its relevance, compatibility, suitability, and usefulness.

Coverage: The extent to which the program is reaching its intended audience, often expressed as a percent of the total eligible population in a given locale versus how many eligible people were enrolled and completed the program.

Creaming: Selection by staff of the most success-prone individuals or families to the exclusion of (at least some) high-risk individuals who are eligible for the program but might require more intense intervention, at higher cost for (it is assumed) less impact.

Criterion (control group) contamination: In terms of the pretest/posttest change on a program's outcome measures, the benefits a comparison or control group receives from community resources or programs that are not encompassed within the intervention delivered to the intervention (EBP) group.

Dosage: The number of hours of intervention curriculum provided to recipients.

Effectiveness trial: These are conducted in the laboratory of the real world. Often, there is some leeway in adapting to local needs and it may be less like a research-based "laboratory study" than a community-based, "in-practice" intervention trial.

Efficacy trial: These typically are conducted by the program developer. They must have a well-articulated theory of change, a rigorous research design, typically with random assignment to the intervention and control group, detailed documentation of implementation, and use of best practices in data collection (e.g., valid and reliable outcome measures).

Feasibility: The suitability of the program for everyday use; can it be implemented practically and effectively by well-trained staff.

Fidelity (to protocol): Is the program being delivered as intended? Do program staff adhere to the theory of change such that there is high quality of program delivery?

Implementation adaptation: Refers to modifications made to a program or intervention in who is recruited, how staff are trained, and the content and dosage of the curriculum that is delivered. Such adaptations can range from potentially beneficial to clearly counterproductive.

Implementation cost: These are of three types. **Marginal cost** is the cost beyond the resources needed to develop the original program, such as staff training and hiring, purchase of curriculum materials, rental space, program evaluation, incentives, and so forth. **Cost effectiveness** involves a cost comparison of two programs targeted at the same or similar outcomes. **Benefit-cost analysis** is when one compares the cost savings that accrue when comparing the benefits received by the intervention group versus a no-treatment control group.

Implementation fidelity: Refers to the degree to which a program or intervention is delivered as intended. When an evidence-based program is implemented in a community, in an effectiveness trial, how well does it adhere to the original program's curriculum and guidelines for delivery?

Logic Model: A visual representation of a program's core components that is based on the program's theory of change. This typically includes how goals, objectives, inputs, and outputs are all related over time. A logic model can act as a road map to understand the flow of a program, and it can aid in communication with program stakeholders. See [Appendix D](#) for an example of a program logic model.

Management information system (MIS): This uses software (typically spreadsheets) to routinely monitor program implementation processes (and their cost), staffing patterns, recruitment and program coverage, and pre- and posttest outcome measures. [Capterra](#) can be consulted for MIS options.

Program coverage or reach: The extent to which the program is reaching its intended audience, or the percent of the eligible population who is served by the program. "Intended audience" may be defined by demographic variables, risk profile, diagnostic category, locale, or other eligibility considerations.

Program differentiation: This refers to the unique features or elements of a program that are essential to its success or intended effect, the "what" or content.

Program diffusion: In general, the effort to determine an evidence-based program's impact across a range of settings and recipients. An umbrella term that includes both dissemination and replication, both of which involve providing information and materials about effective social programs to communities.

Theory of change: The processes that are targeted that theory suggests contribute to the intended outcomes. These processes would be linked closely to the program's core activities in the curriculum as well as the outcome objectives that are assessed.



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Appendices

These appendices include additional examples to offer visual representations of some implementation fidelity and adaptation topics. The examples provided in this section include some materials that were developed internally and some that were developed externally.

- A. DTBY Implementation Logbook:** A fidelity monitoring checklist designed by our Community-University Division Director, Dave MacPhee, Ph.D., for an evidence-based family program called Dare to Be You (DTBY) in response to the lack of an implementation fidelity evaluation tool for DTBY. This tool was used by our staff to monitor the fidelity of implementing DTBY across several trials.
- B. General Fidelity Monitoring Checklist - PRC at CSU (SELF-REPORT):** A fidelity monitoring checklist designed for general use. This tool was developed by the Prevention Research Center at Colorado State University as an option for facilitators to incorporate into programs that do not provide an implementation fidelity evaluation tool. Unlike many other fidelity monitoring checklists, this one is designed for general use across any program and does not include program specific content. The example provided is a self-report form designed to be used in conjunction with the [observer-report form](#).
- C. Botvin LifeSkills Training (LST) Fidelity Checklist Middle School, Level 1:** A fidelity monitoring checklist for a popular evidence-based substance use and violence prevention program, LST. This example is specific to the first module of the level 1 middle school rendition of LST. Each module includes its own fidelity monitoring checklist. For a full list of fidelity monitoring tools for this program, visit the [Botvin LifeSkills Training Fidelity Checklists Website](#).
- D. Strengthening Families Program: For Parents and Youth 10-14 (SFP 10-14) LOGIC MODEL:** A logic model for a popular universal evidence-based prevention program SFP, 10-14. This logic model, developed by Evidence-based Prevention and Intervention Support (EPIS) at Pennsylvania State University, outlines the theory of change that makes this program effective. This includes the program components, the focal risk and protective factors, and the desired outcomes (proximal and distal). Logic models should be unique to a specific program. We suggest using a program logic model to guide adaptations decision.
- E. Civic Capacity Index (CCI) Scales:** The Civic Capacity Index (CCI) measures dynamic processes related to collective leadership, inclusion of diverse voices, and how institutions and coalitions address shared challenges. With the help of the CCI, civic actors can take advantage of existing civic capacity, understand where it is lacking, and build community resilience for the future. This Appendix provides 3 scales from the full CCI which can be accessed through [Civic Capacity Index - Prevention Research Center \(colostate.edu\)](#).

Appendix A: DTBY Implementation Logbook

Pretest Information

Site:

Parent facility (describe):

Youth facility (describe):

Workshop schedule (day(s), time):

Workshop facilitator(s):

Children's coordinator:

Teen Angels:

Describe how the pretest was administered. Note any variances from the Administration Manual and any problems/questions that arose (language barriers, problematic items, resistance, feedback).

Date:

DTBY Weekly Workshop Information

Participation

Time Spent on Meals & Social: minutes (approx.)

Time Spent on Individual (Parent or Child) Activities: minutes (approx.)

Time Spent on Joint (Parent and Child) Activities: minutes (approx.)

Attendees (number)

Mothers:

Fathers:

Children:

Other/Special Visitors (describe):

Facilitators (Only note any substitutes or absences, including teen helpers)

Program Content

Adherence to Protocol for Activities

3 = Closely followed curriculum description

2 = Some changes in how activity was given

1 = Many changes in materials/delivery

Parent Activities (list)

1.	3	2	1
2.	3	2	1
3.	3	2	1
4.	3	2	1

Approximately how much of the session focused on individuals' personal issues and concerns (____%) as compared to a focus on activities and information in the curriculum (____%)?

Children's Activities (list)

1.	3	2	1
2.	3	2	1
3.	3	2	1
4.	3	2	1

Briefly describe any adaptations or significant changes made to these parent & child activities:

Engagement

“Engagement” refers to the alliance or relationship between program staff and participants, as well as how invested the participants are in the program. Please rate how things went this week, on the questions below. If these questions don't capture some aspect of how things went, please give details in #5.

1. Your views on how much the parents...

participated	(passive)	1	2	3	4	5 (active)
accepted new ideas/skills	(rejected)	1	2	3	4	5 (embraced)
got along with each other	(-- conflict)	1	2	3	4	5 (+ + support)
respected others' perspectives	(put downs)	1	2	3	4	5 (valued)
2. Have you observed evidence that the parents are trying out the strategies learned in DTBY? Describe:
3. When facilitating this week's activities,

I felt well prepared	strongly disagree	1	2	3	4	5	strongly agree
I was clear and organized		1	2	3	4	5	
4. Regarding the children's program, please briefly note:
the group's energy level (bored, even keel, rowdy)

how children were given the opportunity to practice new skills

how the children were helped to feel competent
5. Overall, how well did this session go? Any further comments on your relationship with the participants:
6. Describe any unusual circumstances that arose --family crises, life changes, group dynamics-- that might have affected the group's dynamics.
7. Note any participant feedback about the workshop.

Appendix B: General Fidelity Monitoring Checklist - PRC at CSU (SELF-REPORT)



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Kindly Note: This checklist is intended to be used only if the evidence-based program that you are implementing does not have one of its own. Please refer to your program website or service provider to access an up-to-date fidelity checklist that is specific to your program. This checklist includes items that are commonly used to assess the implementation fidelity of other evidence-based programs. However, because this fidelity checklist is not specific to your program, it may not be able to assess implementation topics or monitor activities that are unique to the program you are implementing.

Program Name:	
Facilitator Name(s):	
Date of Session:	
Session Number:	Session Location:
Session Title:	Total Number of Participants:
Session Start Time:	Number of participants arriving late:
Session End Time:	Number of participants leaving early:

How Often? This is a self-report fidelity checklist designed to be completed by the facilitator(s) after each program session. Your team may not always have the resources and capacity to monitor implementation fidelity for every session. Use the following table as a guide for the best ways to monitor fidelity according to your team's capacity.

PRC at CSU General Fidelity Monitoring Checklist SELF-REPORT

Tiers for Fidelity Monitoring Frequency

Tier	For Whom?	Method	Pros	Cons
Top Tier	Ideal when implementing a program that is new to your agency	Complete this checklist (in addition to the observer-report checklist) after as many sessions as possible for <i>50%-100% of sessions</i>	Allows for the most accurate representation of true implementation fidelity	The most time and resource intensive
Mid Tier	Acceptable for most communities	Complete this checklist (in addition to the observer-report checklist) after a handful of predetermined sessions for <i>15%-20% of sessions</i>	Offers a balance of resource capacity and rigor of fidelity monitoring	Can be challenging for agencies with minimal resources and capacity, and can be sensitive to bias depending on the session being monitored
Bottom Tier	Only ideal when agencies have been implementing the same program consistently	Complete this checklist (in addition to the observer-report checklist) after 1 session: Avoid cherry-picking sessions	This requires the least amount of agency capacity	The least rigorous fidelity monitoring assessment option

Notes:

- **Observers** are those who are familiar with the program but who are not implementing the program to your participants. They will observe the session and complete a separate observer-report fidelity checklist to provide an objective (i.e., unbiased) perspective. Ideally, the same observer will be available for all observations.
- To **predetermine sessions** for monitoring: Collaborate among the facilitator, director, and observer before implementation begins.
- It is ideal to monitor the sessions in the middle of the program (i.e., **not the first or last session**).

Some communities prefer to complete this fidelity checklist after each session. This is often done when communities are implementing a program for the first time and they want to understand how well each session is being implemented or how much participants enjoy the content of each individual session. Other communities prefer to observe the implementation of a select few sessions. This is often done when communities want to ensure that a well-established program continues to be implemented as intended. You can often use this program fidelity checklist as a tool to facilitate communication among program staff related to continuous program monitoring, improvement, and expectations.

Directions: Use the designated 4-point scale to answer all questions in each of the following sections. At the end of each section, calculate the total points and average percentage for that section. At the end of this checklist, there is a guide on how to interpret your average percentages.

PRC at CSU General Fidelity Monitoring Checklist SELF-REPORT

Section 1: Adherence

The extent to which core components of a program are utilized (i.e. using original instructional techniques and procedures)

1	During this session, program materials (such as videos, readings, posters, slideshows, etc.) were delivered as specified in the program manual and session plan.	1- Strongly Disagree	2- Disagree	3- Agree	4- Strongly Agree
2	During this session, how often were any program activities (such as worksheets, handouts, videos, games, etc.) omitted or removed?	1- Most of the time	2 - Some of the time	3- Seldom	4 - Never
3	During this session, were any program activities (such as worksheets, handouts, videos, games, etc.) replaced with an alternative activity?	1- Most of the time	2 - Some of the time	3- Seldom	4 - Never
4	During this session, were any activities or resources added to the program as supplemental/additional materials?	1- Most of the time	2 - Some of the time	3- Seldom	4 - Never

Notes:

Total Points =

Maximum Points = 16

Average (%) =

<< To get the average percentage, divide your total points by the maximum points

Section 2: Exposure

i.e., dosage—number, frequency, and length of program sessions

1	Participant attendance was logged for this session.	1- Strongly Disagree	2- Disagree	3- Agree	4- Strongly Agree
2	The activities in this session were delivered in the sequence intended by the program developers.	1- Strongly Disagree	2- Disagree	3- Agree	4- Strongly Agree
3	The delivery of this session took the amount of time as intended by the program developers. <i>(Note that this is not the same as the time intended by your organization.)</i> ➔ Provide notes in the section below about how the surplus or shortage of time was compensated.	1- Strongly Disagree	2- Disagree	3- Agree	4- Strongly Agree

Notes:

Total Points =

Maximum Points = 12

Average (%) =

<< To get the average percentage, divide your total points by the maximum points

PRC at CSU General Fidelity Monitoring Checklist

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Section 3: Quality of Delivery The quality and thoroughness in preparation, skills, leadership, and enthusiasm					
1	During this session, all supplies/materials that are indicated in the program manual were available	1- Strongly Disagree	2- Disagree	3- Agree	4- Strongly Agree
2	During this session, the amount of physical space was adequate for this session (For virtual settings refer to internet accessibility)	1- Strongly Disagree	2- Disagree	3- Agree	4- Strongly Agree
3	During this session, the quality of space was adequate for this session (For virtual settings refer to the quality of virtual space)	1- Strongly Disagree	2- Disagree	3- Agree	4- Strongly Agree
4	During this session, you felt prepared with the skills/knowledge to facilitate this session	1- Strongly Disagree	2- Disagree	3- Agree	4- Strongly Agree
5	During this session, you demonstrated enthusiasm and topic interest during this session	1- Strongly Disagree	2- Disagree	3- Agree	4- Strongly Agree
6	During this session, you demonstrated positive leadership and a positive attitude	1- Strongly Disagree	2- Disagree	3- Agree	4- Strongly Agree
7	During this session, you provided a welcoming greeting when the participants entered the room	1- Strongly Disagree	2- Disagree	3- Agree	4- Strongly Agree
8	During this session, you clearly explained topics and activities	1- Strongly Disagree	2- Disagree	3- Agree	4- Strongly Agree
9	During this session, you felt comfortable interacting with the participants	1- Strongly Disagree	2- Disagree	3- Agree	4- Strongly Agree
10	During this session, you are confident that you provided high-quality facilitation of this session	1- Strongly Disagree	2- Disagree	3- Agree	4- Strongly Agree
Notes:					
Total Points =			Maximum Points = 40		
Average (%) =			<i><< To get the average percentage, divide your total points by the maximum points</i>		

PRC at CSU General Fidelity Monitoring Checklist SELF-REPORT

Section 4: Participant Responsiveness The participants' engagement with the program					
1	During this session, participants were interested in the material	1- Strongly Disagree	2- Disagree	3- Agree	4- Strongly Agree
2	During this session, participants were engaged in the material	1- Strongly Disagree	2- Disagree	3- Agree	4- Strongly Agree
3	During this session, members were participating in the discussions/activities	1- Strongly Disagree	2- Disagree	3- Agree	4- Strongly Agree
4	During this session, participants understood/comprehended the material ➔ Elaborate & provide examples in the notes below	1- Strongly Disagree	2- Disagree	3- Agree	4- Strongly Agree
Notes:					
Total Points =			Maximum Points = 16		
Average (%) =			<i><< To get the average percentage, divide your total points by the maximum points</i>		

Final notes on Special Circumstances:

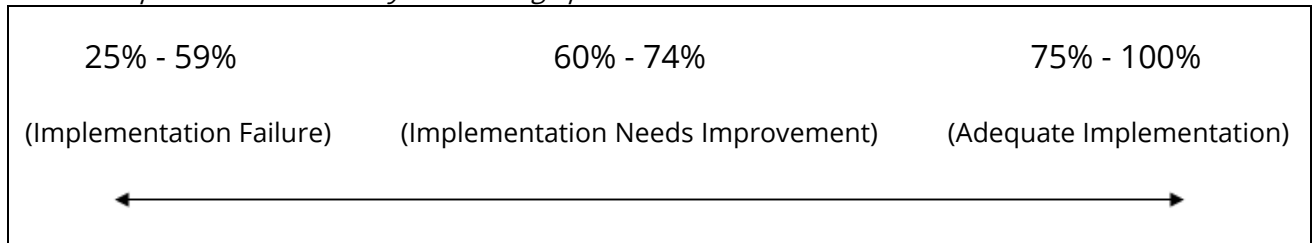
In addition to the notes above, please describe any unusual circumstances that arose (such as disturbances, family crises, life changes, or group dynamics) that might have affected the group's dynamics for this session:
Approximately how much of the session focused on individuals' personal concerns and issues (%) as compared to a focus on the activities and information in the curriculum (%)?
Personal Concerns & Issues (%): + Curriculum Focus: (%): = Total Session Focus (%): 100%

PRC at CSU General Fidelity Monitoring Checklist SELF-REPORT

Interpreting Your Average Points:

Use this spectrum to identify which of the 4 sections of fidelity your team may need support with or may be excelling at. This scale can also be used for overall fidelity scoring.

The Implementation Fidelity Monitoring Spectrum



Total Points Recap:

Section 1: Adherence

➤ Average (%) =

Section 2: Exposure

➤ Average (%) =

Section 3: Quality of Delivery

➤ Average (%) =

Section 4: Participant Responsiveness

➤ Average (%) =

Grand Total: Overall Fidelity*

➤ Overall Average (%) =

****For the overall average, add the averages of all 4 sections together and divide by 4***

What does my average mean? It is recommended to compare the results of this self-report checklist with the results of the observer-report checklist. Often times these two reports will differ. Work with your team to identify the areas that need immediate attention. Keep track of your checklists and see if there is any improvement over the length of the program.

- **Adequate Implementation:** If you score within the Adequate Implementation range for any section or for overall fidelity, then congratulations! Your team has been doing great work to uphold fidelity for those specific areas. This means that you have a higher chance of seeing positive program outcomes.
- **Implementation Needs Improvement:** If you score within the Implementation Needs Improvement range for any section or for overall fidelity, then these areas need some attention. It is not uncommon for communities to fall into this category especially when adaptations are also being implemented. For the

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section(s) that score in this range, focus on the questions that had the lowest scores. Sometimes there are small tweaks that can be made to improve the fidelity score in the future. Other times, various circumstances may make it difficult to address the areas that need the most attention. Work with your team to identify what areas of implementation can be improved and how. This will boost your chances of producing positive program outcomes.

- **Implementation Failure:** If you score within the Implementation Failure range for any section or for overall fidelity, then work with your team to identify what areas need immediate attention. Scoring in this category does not mean that you or your team is failing. Oftentimes, this means that something is preventing you and your team from implementing the program the best you can (EX: your team is lacking the necessary resources to best implement the program, the program is not the best fit for your participants, or other distractions and constraints are interfering). It is highly recommended to collaborate with your team and an outside professional (technical assistance provider; program evaluator; program developer) to identify what roadblocks may be restricting your ability to implement with fidelity and how to overcome those blocks. Working to make small adjustments is necessary to avoid unwanted or decreased program outcomes.

Appendix C: Botvin LifeSkills Training (LST) Fidelity Checklist Middle School, Level I

SELF-IMAGE AND SELF-IMPROVEMENT

Date: _____	Observer Name: _____
Site (city, state) _____	School: _____
Instructor(s): _____ <i>(Please indicate if instructor is a substitute)</i>	# of students: _____
Time LST Started: _____	Time LST Ended: _____
Total time of LST lesson: _____	
If interrupted, how much time was taken from the lesson? _____ minutes.	
Did the lesson begin in a prior session? YES NO	If YES, draw a line above the first point made in THIS session

Check "YES" or "NO" to indicate if each teaching point below was covered when the session was taught.

	YES	NO
Definition of Self-Image		
▪ Worksheet 1: How I See Myself		
▪ A few words represent a small part of one's total self-image		
▪ Self-Image is the beliefs and attitudes we have of ourselves		
▪ Facilitate a discussion about the concept of self-image		
Formation of Self-Image and Self-Image and Behavior		
▪ Self-image is formed through what others think of us and our past experiences, successes, and failures		
▪ We tend to act like the person we believe ourselves to be		
▪ Self-image is important because it affects how good you feel about yourself		
▪ People who have a positive self-image are more likely to be successful and less likely to smoke, drink, use drugs or engage in other unhealthy activities		
▪ Identify that individuals have many self-images		
▪ Facilitate discussions about the formation of self-image and its connection to behavior		
Self-Image Improvement		
▪ It is possible to change and improve your self-image		
▪ One way to improve is to become more aware of our accomplishments		
▪ We shouldn't generalize about our self-image based on one or two bad experiences		
▪ An important step in improving self-image is to take a realistic look at our strengths and weaknesses		
▪ Facilitate discussion about how to improve self-image		

SELF-IMAGE AND SELF-IMPROVEMENT

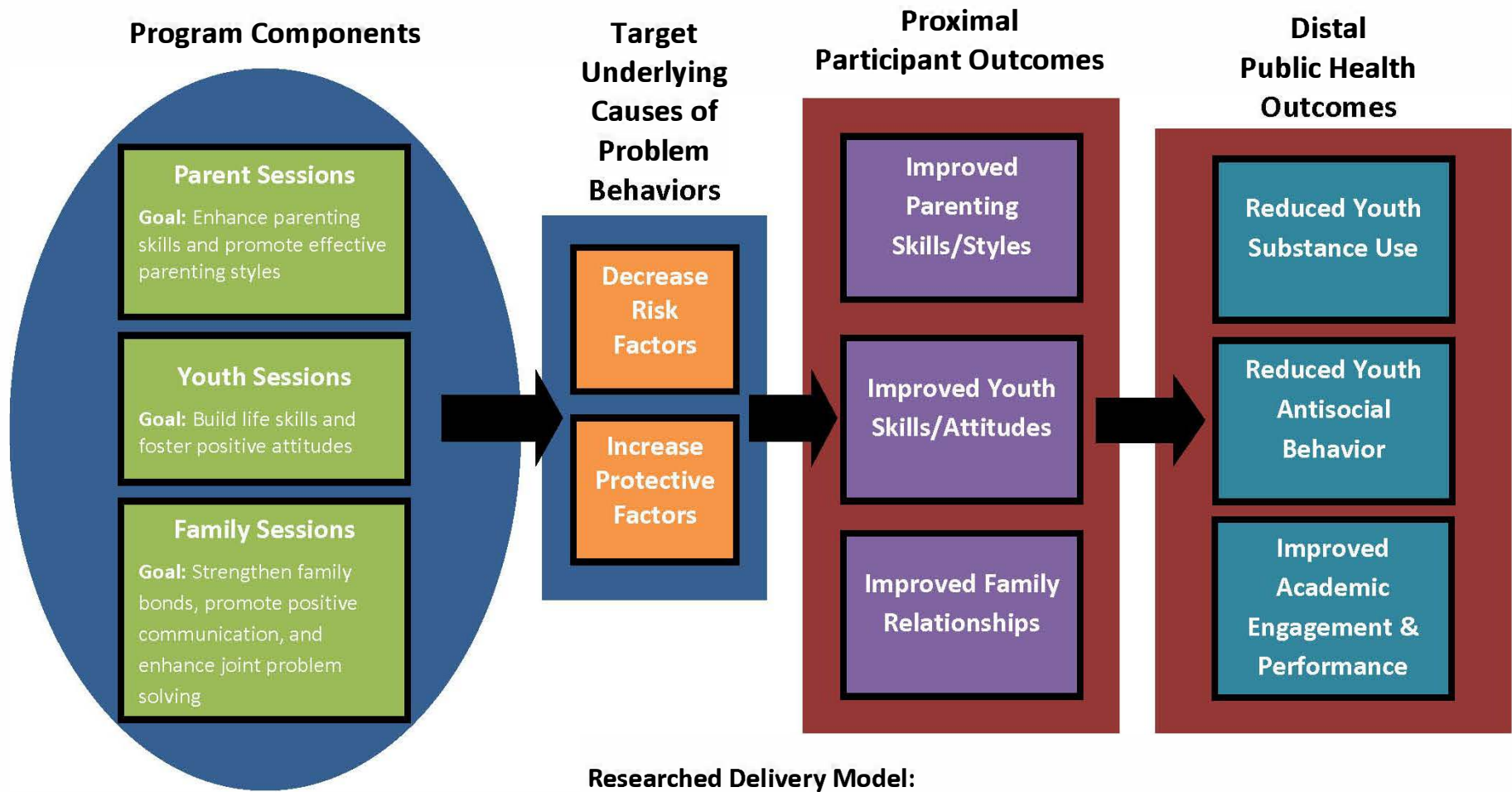
	YES	NO
Self Improvement Project		
▪ Worksheet 2: Taking Stock		
▪ Describe and define the four elements of a goal: Realistic, Meaningful, Manageable, and Measurable		
▪ Worksheet 3: Recording My Progress		
▪ Organize and conduct in-class practice of goal setting		
▪ Review tips for achieving goals		
Session Summary		
▪ Summarize the main points of the session		

Appendix D: Strengthening Families Program: For Parents and Youth 10-14 (SFP 10-14) Logic Model

Strengthening Families Program: For Parents and Youth 10-14 (ISFP or SFP 10-14)

The original version of this program was developed through Project Family by the Social and Behavioral Research Center for Rural Health at Iowa State University.

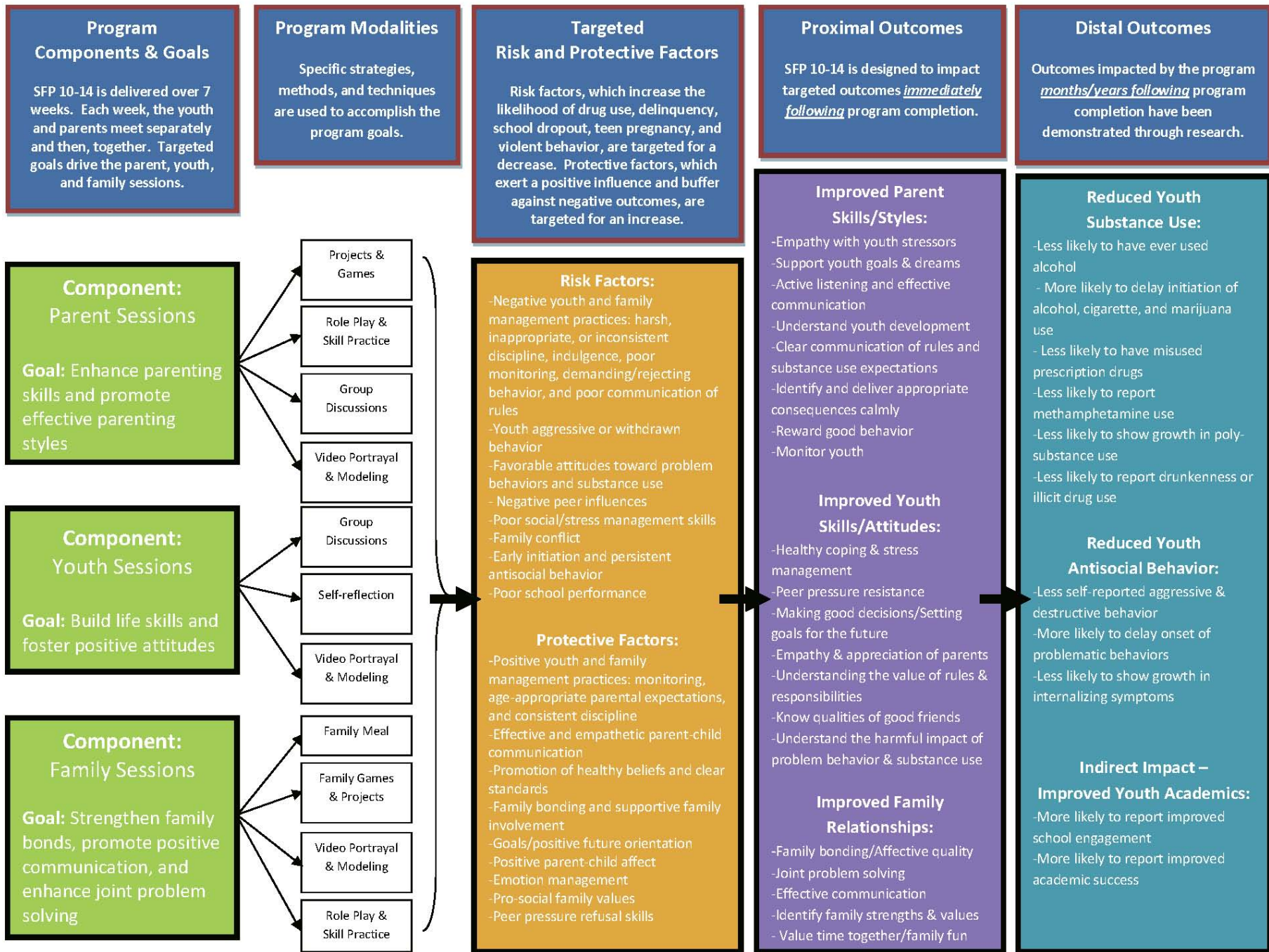
Logic Model created by the Evidence-based Prevention and Intervention Support Center (EPISCenter) at the Pennsylvania State University



Researched Delivery Model:

- targets youth ages 10 to 14 and their caregivers
- goal of serving 10 families per program
- delivered once weekly for 7 weeks
- a scripted curriculum with interactive video instruction
- led by three facilitators
- parent and youth sessions run concurrently followed by a joint family session for approximately two hours of instruction
- a family meal is recommended prior to program delivery to promote bonding and facilitator modeling

\$\$ It has been shown that for every dollar spent on implementation of SFP 10-14, there is a return of up to \$9.60 and a cost benefit of \$5,923 per youth. \$\$
Iowa State University, Institute for Social & Behavioral Research - Spoth, R., Gyll, M., & Day, S. (2002)



Appendix E: Civic Capacity Index (CCI) Scales

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Civic Capacity Index

The Civic Capacity Index (CCI) tells us about how well a community makes decisions, solves problems, and adapts to crises (resilience). The CCI can be used with different stakeholders, from neighborhood coalitions to people taking a leadership development program to a formal committee or task force. **Stakeholders** are those who are concerned about or affected by an issue, or who can influence decisions about an issue.

For each statement below, please circle the number that best describes **your community coalition**. When answering, think about all members of the coalition, not just those you know or usually engage. By **diversity**, we mean those with different perspectives, opinions, backgrounds, and lived experience. If you don't know, please leave the item blank.

	Never 1 2 3 4 5 6 Always					
Leadership						
1. Leadership is not seen as a position, but as an activity that anyone can engage in.	1	2	3	4	5	6
2. Those in key formal and informal leadership roles build bridges between stakeholders and give roles to others in leading the work.	1	2	3	4	5	6
3. Community-driven change is led by local leadership.	1	2	3	4	5	6
4. There is diversity in the community members who have a meaningful and ongoing leadership role in community change.	1	2	3	4	5	6
5. People who have historically had less power are actively involved in community leadership.	1	2	3	4	5	6
6. There are many diverse people exercising leadership, some with positions of authority, some without.	1	2	3	4	5	6
7. Various community members are providing leadership for the process of working together.	1	2	3	4	5	6
Coalitions						
8. From the outset, community members are the ones identifying the problems or challenges they want to address.	1	2	3	4	5	6
9. Coalitions learn from each other and from past efforts about what works and doesn’t work.	1	2	3	4	5	6
10. Coalitions proactively build relationships with those who are aligned as well as those who may be opposed.	1	2	3	4	5	6
11. Coalitions find leverage points through which to exert influence, e.g., governments or others who can influence change but are not capable of acting on their own.	1	2	3	4	5	6
12. To gain attention for their work, coalitions attract the interest of media and people with credibility and influence.	1	2	3	4	5	6
13. Coalitions of key stakeholders share accountability for process and outcomes.	1	2	3	4	5	6
14. Stakeholders try out solutions to see if they will work. If not, they try something else.	1	2	3	4	5	6
Collaboration						
15. Stakeholders take the time to understand the community context related to the problem they are working on.	1	2	3	4	5	6
16. There is an intentional, united, strategic effort to do whatever it takes to address challenges for fair and just results.	1	2	3	4	5	6
17. A framework for how stakeholders will work together is agreed to at the beginning: how agendas are set, problems are solved, actions are taken, successes celebrated.	1	2	3	4	5	6
18. The stakeholders are able to create a compelling story for why change is needed and why their strategies are well-suited to address that challenge.	1	2	3	4	5	6
19. The process relies on solid information from content experts and those with lived experience related to the issue.	1	2	3	4	5	6
20. Stakeholders have the knowledge and skills to constructively engage with each other and cooperate in taking action.	1	2	3	4	5	6
21. There are clear ways to measure and reflect on progress—through data and stories—in order to hold each other accountable and celebrate progress.	1	2	3	4	5	6
22. Stakeholders see the process as fair and trustworthy, so they invest in the group’s goals.	1	2	3	4	5	6
23. Stakeholders identify and work through tough choices and tradeoffs inherent to difficult issues.	1	2	3	4	5	6
24. Stakeholders have a shared focus on asking questions, learning, and experimentation.	1	2	3	4	5	6

Item Means

The item means are based on a sample of ~2000 Colorado residents who evaluated their community, 1400 of whom were involved in community collaborations. There was no difference in the item means between those involved in collaborations and those who were not.

Leadership

1.	3.74
2.	3.76
3.	4.01
4.	4.18
5.	2.77
6.	3.07
7.	3.43

Coalitions

8.	3.51
9.	3.39
10.	3.13
11.	3.40
12.	3.41
13.	3.32
14.	3.33

Collaboration

15.	3.35
16.	3.15
17.	3.14
18.	3.40
19.	3.31
20.	3.38
21.	3.24
22.	3.26
23.	3.30
24.	3.36



Links to Helpful Websites and Documents

Effectively implementing EBPs requires effort from the whole team. We hope that this guidebook has offered support for your team to monitor fidelity and make adaptations according to best practices. For further resources, we suggest visiting our [PRC at CSU: Program Implementation Resources Page](#). Here, we offer external resources on various implementation supports including **where to find EBPs**, prevention research guidance and reports, program support services, and more. Some additional resources that are not included on the page listed above include:

Fidelity-Adaptation Tension

- [Balancing Fidelity & Adaptation - Washington State University Extension](#)

Prevention Science Policy, Research, and Implementation

- [Active Implementation Research Network](#)
- [Center for Prevention Implementation Methodology - Northwestern University](#)
- [Pew-MacArthur Foundation Evidence-Based Policymaking Resource Center](#)
- [Prevention Extension Casts - Webinars with Colorado State University Extension](#)
- [Technical Assistance Fact Sheets—Evidence-Based Programs Penn State Prevention Research Center](#)

Community Assessment Guidance

- [Community Assessment Toolkit – Colorado Behavioral Health Administration \(BHA\)](#)
- [Community Toolbox - Center for Community Health & Development at the University of Kansas](#)

Program Selection Guidance

- [Curriculum Adoption in U.S. Schools: An Exploratory, Qualitative Analysis \(Research Article\)](#)
- [Heptagon Tool for Program Selection - Active Implementation Research Network \(AIRN\)](#)
- [Hexagon Tool for Program Selection - National Implementation Research Network \(NIRN\)](#)

Scaling Up:

- [State Capacity Assessment \(SCA\) for Scaling Up Evidence-Based Practices - AIRN](#)

Visit the [PRC Implementation Toolbox](#) for more information regarding training and technical assistance (T/TA) on EBP fidelity and adaptations.