

PENNSTATE



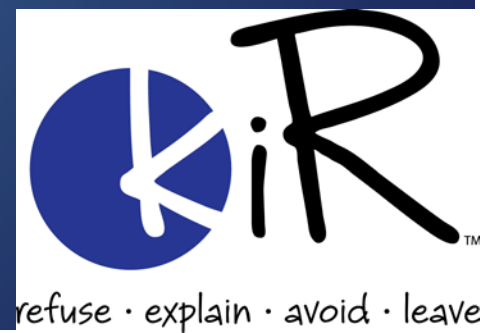
Adaptation Process in School-Based Substance Use Prevention

Michael L. Hecht & Michelle Miller- Day
Prevention Research Center
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Drug Resistance Strategies Project

- Over 20 years of NIDA-funded research on the social processes of drug offers
- Efficacious, culturally grounded, multicultural middle school prevention intervention
 - *keepin' it REAL*
- Adopted by D.A.R.E. America
- Current funding Provided by National Institute on Drug Abuse Grant R01DA021670 to study adaptation processes



Adaptation Processes.1

- Adaptation.1: deliberately or accidentally modifying a prevention program by adding or deleting program components, modifying the components, or changing the manner/intensity of delivering program components
- Traditionally the goal of developers is to disseminate and replicate evidence-based programs with a high degree of fidelity

Preliminary Research

- Ringwalt et al
 - Schools rarely adopt evidence-based curricula and when they modify those they adopt.
- Bumbarger
 - Study 1: 60% self reported having made adaptations to their programs
 - 88% of these adaptations were "program drift" or negative adaptations in conflict with the program's underlying theory.
 - Study 2: implementers were observed to administer 65% (range 47-85%) of the program (self reported 94%; range of 90-100%)
 - eliminate key points

Communication Accommodation Theory

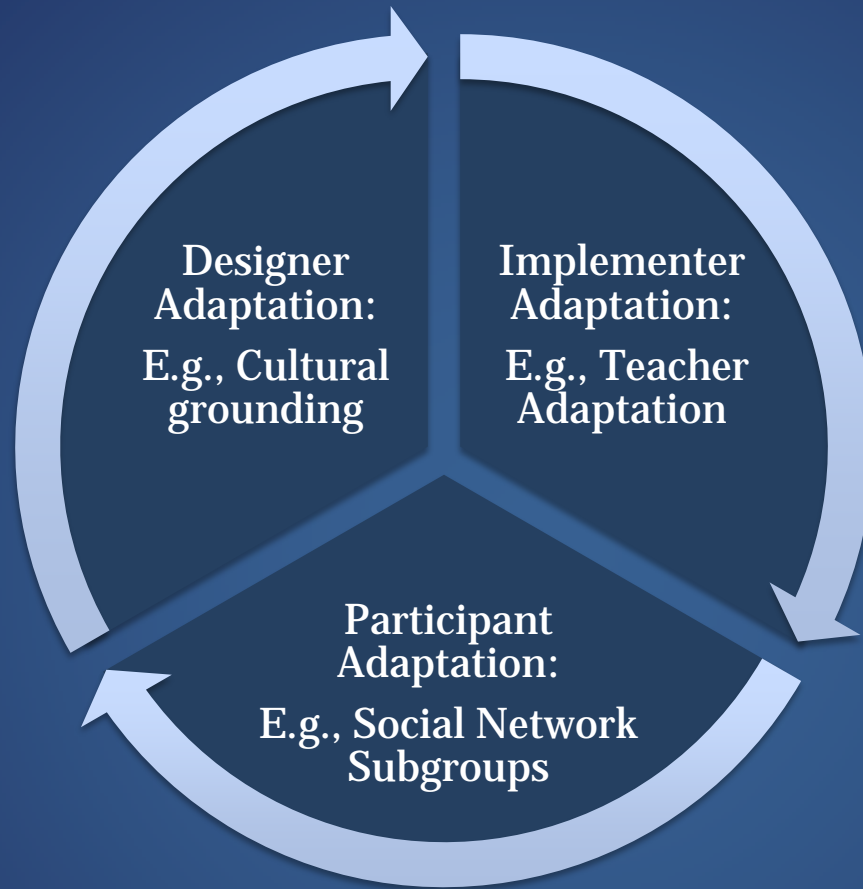
- When difference is experienced in communication, accommodation or adjustment occurs based on the identities of the people involved
- Issue is type and degree of adaptation, not *if or when* adaptation occurs
- Drug Resistance Strategies Project Research asks, what is the appropriate degree of accommodation or adaptation?
 - Over-accommodating
 - Ethnic inclusion rather than targeting or exclusion (multiculturalism)

Aligning Prevention Theory and Research with Practice

or

A Practice-based Science of Prevention

- Designers **should** “reinvent”
- Implementers **will** “adapt”
 - Not only “error” or lack of fidelity
- Participants **will** interpret
- Adaptation.2 – what happens when prevention messages are implemented
 - particularly when transported from one context to another



Principle of Cultural Grounding for Health Message Design

- Start with culture and address its complexity
 - Culture defined as code, conversation, and community
- Strongest influence when people see their group memberships reflected and acknowledged
 - Inclusion
 - Identity
- Active participation of cultural group members in message construction

Hecht & Kreiger (2006); Hecht & Miller-Day (in press).

Guidelines for Cultural Grounding

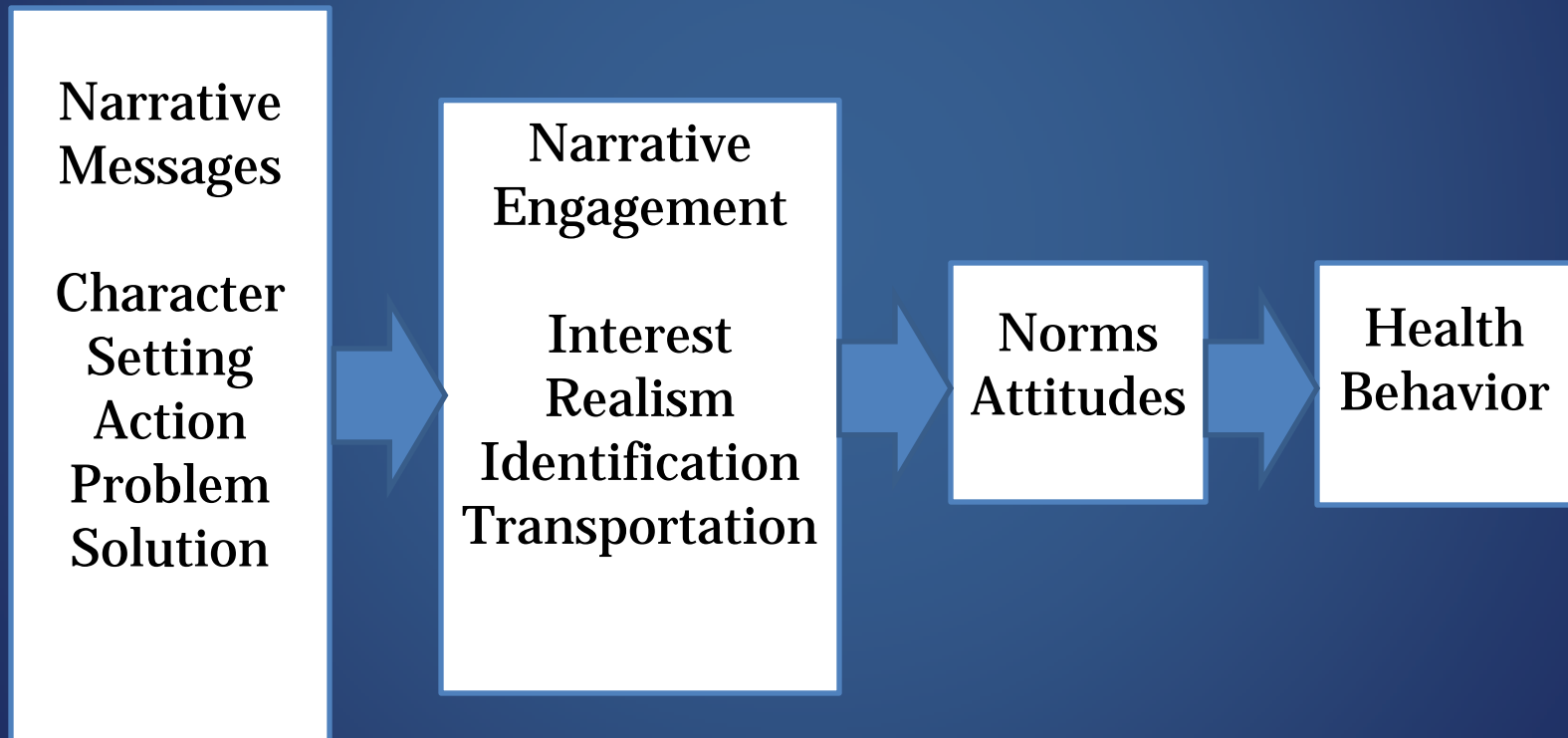
1. Begin with “insider” perspectives
 - Start with culture vs add culture (community-based participatory research)
 - Cannot target or tailor to a single identity (glossing)
2. Focus on “stories” of target groups – narratives
3. Include input from cultural experts as well as community members
4. Include cognitive, affective-motivational, and environmental factors; surface and deep structure
5. Develop and modify the curriculum *with* target groups

Why Narratives?

- Overcome resistance toward the advocated health behavior
- Engage less involved audiences
- Reach low knowledge audiences
- Render complex information comprehensible
- Culturally grounds messages

Hopfer, S. & Clippard, J. (2011). College women's HPV vaccine decision narratives. *Qualitative Health Research, 21*, 262-277.

A Narrative Model OF Health Promotion



ADAPTATION PHASES

1 Narrative Interviews

2 Focus Groups

3 Teen Advisory Group

4 Video Development

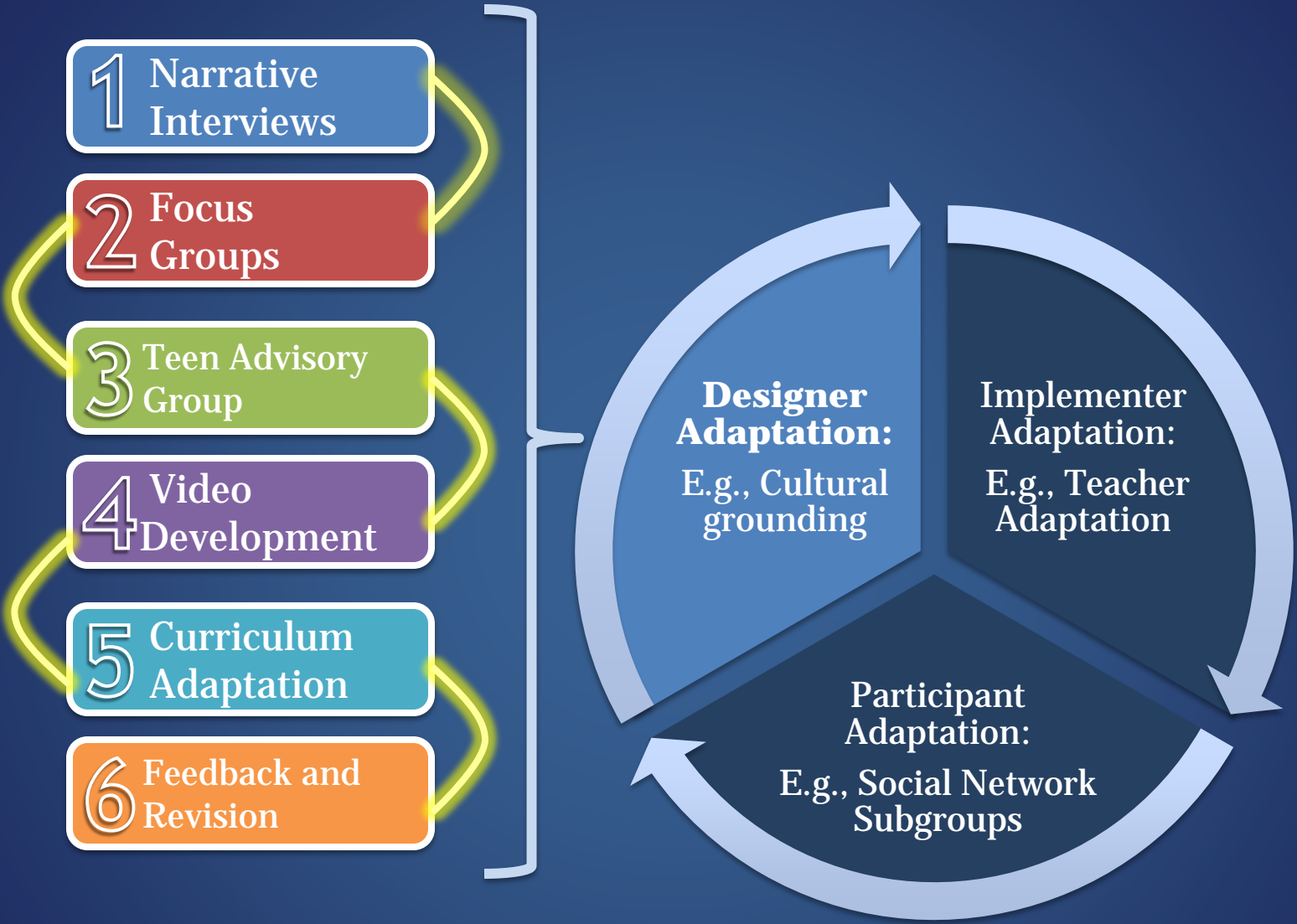
5 Curriculum Adaptation

6 Feedback and Revision

Designer Adaptation:
E.g., Cultural grounding

Implementer Adaptation:
E.g., Teacher Adaptation

Participant Adaptation:
E.g., Social Network Subgroups



Other Adaptations: D.A.R.E. America

- **Constituencies**
 - Target audience (students)
 - National Office
 - D.A.R.E. Educators
 - D.A.R.E. Officers
 - Sheriffs/Chiefs
 - Teachers
 - Schools
 - Prevention Community

Other Adaptations: Families

- Target existing patterns of parent-child communication

