



# Adapting Child Safety Interventions Resource Guide



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## INTRODUCTION

Delivering interventions that have been shown to be effective in improving desired outcomes—also referred to as evidence-based practices (EBPs)—is critical to achieving improvements in child safety. Ideally, the interventions selected are ones that best fit local needs and circumstances. But even then, only rarely can they be implemented exactly as originally designed and tested. More often, some level of adaptation is needed to better match the intervention to the:

- Socio-demographic characteristics of the groups served, including race, ethnicity, religion, socioeconomic status, geography, gender identity, sexual orientation, and disability
- Community setting and context, including cultural norms, values, needs, and resources
- Organization's capacity to deliver the intervention and address potential barriers such as time, resources, training, and staff turnover

## PURPOSE

State and jurisdiction maternal and child health and injury and violence prevention programs are increasingly tasked with existing EBPs—not only for the reasons outlined above, but also to respond to changing circumstances, such as the COVID-19 pandemic. Adapting EBPs is also critical to implementing innovative approaches that can allow these programs to reach wider and more diverse populations.

This resource guide is intended for state and jurisdiction child safety practitioners who are well positioned for this work, as they know the needs of their local communities and have the partnerships needed for success. However, challenges can include funding constraints and limited expertise on how to adapt an intervention without compromising essential program components needed for effectiveness.

This guide is intended to help meet this need by providing information and resources on EBP adaptation. It presents an overview of intervention adaptation, discusses core elements and other key concepts, and identifies specific steps in program adaptation. The guide also provides examples from the field, and resources for implementing each step of the adaptation process. States and jurisdictions may request [technical assistance](#) from the Children's Safety Network at Education Development Center.

## Definitions

**Adaptation** is the process of thoughtfully and deliberately changing an EBP's design or delivery, with the goal of improving its fit or effectiveness in a given context.

**Core elements** are essential program components that are believed to make an EBP effective and that should be kept intact to maintain intervention effectiveness.

**Evidence-based practices (EBPs)** are interventions for which there is consistent scientific evidence showing that they improve individual- or population-level outcomes.

**Fidelity** is the extent to which an intervention is implemented as conceived and prescribed by its developers.

**Fit** refers to how well a program matches, or is appropriate for, the community, organization, stakeholders, and participants.

**Health disparities** are preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by socially disadvantaged populations.

**Health equity** refers to fair and just distribution and access to evidence-based prevention, treatment, and recovery services, regardless of race, ethnicity, religion, income, geography, gender identity, sexual orientation, disability, or other characteristics.

Adapted from: Substance Abuse and Mental Health Services Administration. Adapting evidence-based practices for under-resourced populations; 2022. <https://www.samhsa.gov/resource/ebp/adapting-evidence-based-practices-under-resourced-populations>

## WHAT CAN BE ADAPTED

Many aspects of an EBP can be modified, including its planning process, contents, intended population, delivery, and evaluation. These changes can include additions, deletions, modifications, and reordering.<sup>1</sup>

However, the adaptations should not alter the core elements of the EBP—the essential program components that are believed to be responsible for the intervention’s effectiveness. These elements relate directly to the program’s theory of change, which proposes the mechanisms by which the program works. If neither the core elements or the program’s theory of change are available, consider contacting the EBP developer for this information.

The “green-yellow-red light” approach, below, can help you consider changes that will improve intervention fit while maintaining fidelity to its core components.

Green-Yellow-Red Light Approach		
The “green-yellow-red light” approach is a way to adapt an intervention without negatively affecting its core elements.		
<b>Green light</b> changes are usually minor, made to improve program fit, and are considered okay to make.	<b>Yellow light</b> changes usually involve adding or modifying intervention components, and should be approached with caution	<b>Red light</b> changes are those made to core intervention components, and should be avoided when possible.
Source: National Cancer Institute. Implementation science at a glance; n.d. <a href="https://cancercontrol.cancer.gov/sites/default/files/2020-07/NCHISaaG-Workbook.pdf">https://cancercontrol.cancer.gov/sites/default/files/2020-07/NCHISaaG-Workbook.pdf</a>		

## THE ADAPTATION PROCESS

Adaptation takes place through assessing community needs, determining necessary changes to interventions, and consulting experts. The Substance Abuse and Mental Health Services Administration (SAMHSA) identifies seven steps for intervention adaptation:<sup>2</sup>

1. Engage the community and define the issue.
2. Assess organizational capacity and readiness.
3. Review evidence-based interventions, choose one, and re-assess the organizational capacity.
4. Select non-core components that can be modified and develop adaptations.
5. Train staff and test adapted materials.
6. Implement the adapted intervention and evaluate the implementation and outcomes.
7. Assess and make further adaptations.

1 Perkinson L, Freire K, Stocking M. *Using essential elements to select, adapt, and evaluate violence prevention approaches*. Centers for Disease Control and Prevention; 2017. <https://www.cdc.gov/violenceprevention/pdf/adaptationguidance.pdf>

2 Substance Abuse and Mental Health Services Administration. *Adapting evidence-based practices for under-resourced populations*; 2022. <https://www.samhsa.gov/resource/ebp/adapting-evidence-based-practices-under-resourced-populations>

Other key considerations in adapting an EBP include:

- Balancing fit with fidelity—adapting the intervention to fit your needs without compromising its effectiveness
- Reducing health disparities and advancing health equity
- Evaluating the adapted intervention to document the adaptation process and assess the extent to which the intervention produces the desired outcomes. The evaluation can help you not only demonstrate the value of the adapted intervention, but also facilitate its adoption by other child safety programs, and inform the development of further adaptations.

## CASE STUDIES

### **Bullying Prevention: Adapting for Context and Priority Populations**

Two states participating in the Children’s Safety Network Child Safety Learning Collaborative (CSLC), Pennsylvania (PA) and Massachusetts (MA), oversee youth programs focused on violence and bullying prevention that take place in out-of-school settings (e.g., afterschool programs, community-based organizations, summer programs). Several years ago, the PA Bureau of Family Health noted that while youth frequently experience bullying outside of schools, there was no training or certification process available for youth workers and other staff in out-of-school programs. Through the CSLC Bullying Prevention Topic Calls, the Massachusetts team learned that Pennsylvania had recently adapted The Olweus Bullying Prevention Program—a research-based intervention designed for implementation in a school setting (K-12)—to meet this need.

Upon joining the CSLC in 2018, Pennsylvania was working closely with the Institute on Family and Neighborhood Life at Clemson University, which leads training, implementation support, and research related to the Olweus program in the United States. Working together, they adapted the program for out-of-school settings and developed a community youth organization certification course. In October 2021, Massachusetts began making plans to implement the program in many organizations funded through their youth violence prevention initiative.

In adapting the program to better fit their context and priority populations, both states have been able to preserve its core components, including environmental strategies (e.g., protocols and awareness campaigns that build a positive, bullying-free climate), family outreach, and youth engagement. Pennsylvania has expanded their reach, serving 7,039 youth in 2022. In Massachusetts, local grantees have helped to ensure that program adaptations are a good fit for the youth populations they serve. The focus has been to ensure that the program fits within their Critical Positive Youth Development Framework, which incorporates the unique needs of identified priority populations, including youth of color, those who identify as LGBTQIA, youth with disabilities, immigrants/refugees, and youth from families with a history of incarceration. Adaptations have included expanding gender categories in student surveys to include non-gender conforming youth, and replacing the term “parental involvement” with “caregiver involvement” to be more inclusive. Massachusetts is training 30 youth serving organizations in 2023 to provide the adapted program to youth.

While the program includes student surveys to measure knowledge change, both states noted they are still working on a method to evaluate the impact and effectiveness of the program adaptations.

### **Suicide and Self Harm Prevention: Adapting to Increase Capacity**

The CSLC Kentucky Suicide and Self-Harm Prevention Team has implemented two main adaptations aimed at increasing program capacity to address deaths by suicide and self-harm among children and adolescents in Kentucky. The first was to offer a virtual version of Question, Persuade, Refer (QPR) training—developed during the COVID-19 pandemic—to all ambulatory staff in two major healthcare systems in the state. The team has

also worked with the healthcare systems to institutionalize this training through hospital policy that requires training of staff in Department of Pediatrics and Children’s Hospital, including emergency departments. From June 2022 to February 2023, the number of staff trained increased from 34 to 1,090.

The second strategy was to launch Kentucky’s Zero Suicide Institute, along with a Community of Learning where local and state level partners, agencies, and healthcare systems meet to discuss suicide prevention across the lifespan. This has brought together thought leaders who may not have otherwise been incorporated into conversations about children to learn more about the concerns associated with younger people, and vice versa. Having pediatric trauma specialists from hospitals in the same space as county health department suicide prevention coordinators brings together a diversity of ideas and approaches to suicide and self-harm prevention.

## RESOURCES

The resources that follow provide guidance on how to effectively plan, implement, evaluate, and improve an adapted child safety intervention. General resources on EBP adaptation are listed first, followed by resources specific to each step of the adaptation process.

### GENERAL RESOURCES

Adapting Evidence-based Practices for Under-resourced Populations (2022) | Substance Abuse and Mental Health Services Administration (SAMHSA)

[https://store.samhsa.gov/sites/default/files/SAMHSA\\_Digital\\_Download/PEP22-06-02-004.pdf](https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/PEP22-06-02-004.pdf)

Adapting Prevention Interventions to Better Serve Populations Which Are Under-Resourced, Part 1: Understanding the Need for Adaptation and Implications for Prevention (August 9, 2022 webinar) | Prevention Technology Transfer Center Network, SAMHSA

<https://pttcnetwork.org/centers/central-east-pttc/product/adapting-prevention-interventions-better-serve-populations-which>

Adapting Prevention Interventions to Better Serve Populations Which Are Under-Resourced, Part 2: Strategies and Practices for Adapting Evidence-Based Programs (August 16, 2022 webinar) | Prevention Technology Transfer Center Network, SAMHSA

<https://pttcnetwork.org/centers/central-east-pttc/product/adapting-prevention-interventions-better-serve-populations-0>

Developing Strategies for Child Maltreatment Prevention: A Guide for Adapting Evidence-Based Programs (February 2016) | University of Texas at Austin

<https://txicfw.socialwork.utexas.edu/wp-content/uploads/2016/09/Guide-to-Adapting-an-Evidence-Based-Intervention.pdf>

Evidence-Based/Informed Interventions and How They Can Improve Our Work (April 15, 2020 webinar) | Children’s Safety Network (CSN)

<https://childrenssafetynetwork.org/events/csn-webinar-event/evidence-basedinformed-interventions-how-they-can-improve-our-work>

Implementation Science at a Glance: A Guide for Cancer Control Practitioners | National Cancer Institute

<https://cancercontrol.cancer.gov/sites/default/files/2020-07/NCI-ISaaG-Workbook.pdf>

## STEP 1. ENGAGE THE COMMUNITY AND DEFINE THE ISSUE

Assessing Community Needs and Resources | Community Toolbox, University of Kansas

<https://ctb.ku.edu/en/assessing-community-needs-and-resources>

Community Engagement: An Essential Component of an Effective and Equitable Substance Use Prevention System | SAMHSA

<https://store.samhsa.gov/sites/default/files/pep22-06-01-005.pdf>

## STEP 2. ASSESS ORGANIZATIONAL CAPACITY AND READINESS

A Guide to Assessing Needs: Essential Tools for Collecting Information, Making Decisions, and Achieving Development Results (2012) | World Bank

<https://documents1.worldbank.org/curated/en/644051468148177268/pdf/663920PUBOEPI00essing09780821388686.pdf>

Assessing Prevention Capacity & Implementing Change: An Evidence-Informed and Evidence-Based Bullying Preventing Capacity Assessment and Change Package (August 2018) | Health Resources and Services Administration (HRSA)

[https://www.childrenssafetynetwork.org/sites/default/files/MCHB\\_ChangePkg\\_09-18-18%20sxf.pdf](https://www.childrenssafetynetwork.org/sites/default/files/MCHB_ChangePkg_09-18-18%20sxf.pdf)

Creating and Maintaining Coalitions and Partnerships | Community Tool Box, University of Kansas

<https://ctb.ku.edu/en/creating-and-maintaining-coalitions-and-partnerships>

## STEP 3. REVIEW EBPS, CHOOSE ONE, AND RE-ASSESS ORGANIZATIONAL CAPACITY

Association of Maternal & Child Health Programs (AMCHP) Innovation Hub | AMCHP

<https://amchp.org/innovation-hub/>

Best Practices Registry | Suicide Prevention Resource Center

<https://bpr.sprc.org/>

Databases of Best Practices | Community Toolbox, University of Kansas

<https://ctb.ku.edu/en/databases-best-practices>

Evidence-Based and Evidence-informed Strategies for Child and Adolescent Injury Prevention (2019) | CSN

<https://www.childrenssafetynetwork.org/resources/evidence-based-evidence-informed-strategies-child-adolescent-injury-prevention>

Evidence-Based Strategies and Readings in Five Injury Topics | CSN

<https://childrenssafetynetwork.org/resources/evidence-based-strategies-readings-five-injury-topics>

Evidence-Based Practices Resource Center | SAMHSA

<https://www.samhsa.gov/resource-search/ebp>

Guide to Community Preventive Services (The Community Guide) | Centers for Disease Control and Prevention (CDC)

<https://thecommunityguide.org/>

HealthyPeople 2030 Evidence-Based Resources | U.S. Department of Health and Human Services

<https://health.gov/healthypeople/tools-action/browse-evidence-based-resources>

Maternal and Child Health Evidence | National Center for Education in Maternal and Child Health  
<https://www.mchevidence.org/>

MCH Innovations Database | AMCHP  
<https://amchp.org/mch-innovations-database/>

Selecting Evidence-Based Practices for Your Local Context (webinar, 2019) | National Implementation Research Network (NIRN)  
<https://nirn.fpg.unc.edu/resources/selecting-evidence-based-practices-your-local-context>

Technical Packages for Violence Prevention | CDC  
<https://www.cdc.gov/violenceprevention/communicationresources/pub/technical-packages.html>

## **STEP 4. SELECT NON-CORE COMPONENTS THAT CAN BE MODIFIED AND DEVELOP ADAPTATIONS**

### **Selecting Non-Core Components**

Core Component Approaches to Building Evidence of Program Effectiveness | Assistant Secretary for Planning and Evaluation  
<https://aspe.hhs.gov/reports/core-components-approaches-building-evidence-program-effectiveness>

Using Essential Elements to Select, Adapt, and Evaluate Violence Prevention Approaches (2017) | CDC  
<https://www.cdc.gov/violenceprevention/pdf/adaptationguidance.pdf>

### **Adapting the EBP**

Developing Culturally Responsive Approaches to Serving Diverse Populations: A Resource Guide for Community-Based Organizations (2017) | National Research Center on Hispanic Children & Families  
<https://www.nsvrc.org/sites/default/files/2017-06/cultural-competence-guide.pdf>

Plain Language Action and Information Network (PLAIN) | United States Government  
<https://digital.gov/communities/plain-language/#:~:text=The%20Plain%20Language%20Action%20and,service%20to%20the%20American%20public>

Think Cultural Health | Office of Minority Health  
<https://thinkculturalhealth.hhs.gov/>

## **STEP 5. TRAIN STAFF AND TEST ADAPTED MATERIALS**

Develop and Test Materials | CDC  
<https://www.cdc.gov/healthliteracy/developmaterials/index.html>

Developing Training Programs for Staff | Community Tool Box, University of Kansas  
<https://ctb.ku.edu/en/table-of-contents/structure/hiring-and-training/training-programs/main>



## STEP 6. IMPLEMENT ADAPTED EBP AND EVALUATE IMPLEMENTATION AND OUTCOMES

### Implementation

Implementation Practice | NIRN

<https://nirn.fpg.unc.edu/implementation-practice>

The Hexagon Tool (2018) | NIRN

<https://nirn.fpg.unc.edu/resources/hexagon-exploration-tool>

### Evaluation

Equitable Evaluation Framework™ | Equitable Evaluation Initiative, Seattle Foundation

<https://www.equitableeval.org/framework>

Evaluating the Initiative | Community Tool Box, University of Kansas

<https://ctb.ku.edu/en/evaluating-initiative>

Evaluating Rural Programs | Rural Health Information Hub, HRSA

<https://www.ruralhealthinfo.org/toolkits/rural-toolkit/4/program-evaluation>

Framework for Program Evaluation | CDC

<https://www.cdc.gov/evaluation/framework/index.htm>

Indigenous Evaluation Toolkit: An Actionable Guide for Organizations Serving American Indian/Alaska Native Communities through Opioid Prevention Programming (2023) | Seven Directions: A Center for Indigenous Public Health, University of Washington

[https://assets.website-files.com/5d4b3177c03a6439be501a14/63f550f6aca5a76fe89c290a\\_FINAL\\_7D\\_EvalToolkit\\_FullDoc\\_022123\\_WEB\\_compressed.pdf](https://assets.website-files.com/5d4b3177c03a6439be501a14/63f550f6aca5a76fe89c290a_FINAL_7D_EvalToolkit_FullDoc_022123_WEB_compressed.pdf)

Reflections on Applying Principles of Equitable Evaluation | WestED Justice & Prevention Research Center

<https://assets.aecf.org/m/resourcedoc/wested-reflectionsonapplying-2019.pdf>

Using a Culturally Responsive and Equitable Evaluation Approach to Guide Research and Evaluation | Mathematica Policy Research

<https://mathematica.org/publications/using-a-culturally-responsive-and-equitable-evaluation-approach-to-guide-research-and-evaluation>

## STEP 7. ASSESS AND MAKE FURTHER ADAPTATIONS

ExpandNet Scaling-Up Tools and Publications | ExpandNet

<https://expandnet.net/tools/>

Moving from Evaluation to Quality Improvement (June 2022 CELC training webinar) | AMCHP

<https://amchp.org/resources/moving-from-evaluation-to-quality-improvement-june-2022-celc-training-webinar/>

Program Sustainability Assessment Tool | Washington University in St. Louis

<https://sustaintool.org>

