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# ***Adoption, Adaptation, and Fidelity of Implementation of Sexual Violence Prevention Programs***

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*Little research examines the organizational and contextual dynamics that affect decisions to adopt evidence-based programs as well as the feasibility of implementation with fidelity to the original model when new users adopt established programs. To understand how promising strategies can be disseminated widely, this study examines the adoption and implementation of two sexual violence prevention programs in new settings. Interviews were conducted with stakeholders to investigate the factors and dynamics related to the adoption and implementation of these programs. Additionally, the research team worked with the program developers to create measures of the fidelity of implementation, which were then administered at each site. The findings suggest that adoption decisions were based on perceived fit between the program and the adopting organization's values, goals, and local setting. After adoption, new sites were able to implement the program with fairly high levels of fidelity, given moderate investments in training and technical assistance.*

**Keywords:** *program implementation; program adoption; fidelity; adaptation*

The bridge between a promising idea and the impact on students is implementation, but innovations are seldom implemented as intended.

(Berman & McLaughlin, 1976)

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Until somewhat recently, conventional wisdom regarding the adoption of scientific advances was that “if you build it, they will come.” Conventional wisdom is often wrong. As Emshoff (2008) pointed out, “if you build it,” many alternative outcomes were possible including they won’t find it; they won’t feel invited; they won’t like it; or they might think they have one already. In fact, an average of 17 years is required for new knowledge generated by randomized controlled trials to be incorporated into practice after which the application of this information is highly uneven (Institute of Medicine, 2001).

Although social science has often focused on the effectiveness of innovations, there is also a body of theory and science associated with the diffusion, dissemination, and implementation of those innovations that scientists have deemed effective (Mayer & Davidson, 2000; Rogers, 1983). If we hope to put best existing research to use, we must understand and reduce barriers to the adoption and effective use of established science (e.g., evidence-based programs, processes, policies).

## ► **TRANSLATIONAL RESEARCH**

The growing body of translational (sometimes termed *dissemination* or *implementation*) research has

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started to illuminate the many factors that impede or promote the adoption and use of evidence-based approaches (Fixsen, Naoom, Blase, Friedman, & Wallace, 2005; Glasgow, Lichtenstein, & Marcus, 2003; Wandersman et al., 2008), but none has examined the field of sexual violence prevention. In this article, we build on newly emerging insights from translational research to understand a central link in the chain of events between scientific *discovery* and program *delivery*—the willingness and ability of new users to adopt and implement established programs with fidelity.

To this end, we sought to assess the transportability of two participating Empowerment Evaluation programs (Noonan & Gibbs, this issue) to new settings. After these programs were disseminated more broadly, we asked the following research questions:

*Research question 1:* What are the individual, organizational, and institutional characteristics associated with adoption of this evidence-based program? (*If you build it, who comes and why?*)

*Research question 2:* What factors influence implementation with fidelity to the original model? (*Once it is built, is it used as intended?*)

Translational research suggests that adoption and use of innovations are explained by a wide array of factors ranging from individual preferences to organizational practices. Klein and Sorra's (1996) model condensed this array of factors into two interrelated sets of variables: (a) *innovation fit*—antecedents capturing

the extent to which the innovation is likely to fit well with the current needs and preferences of the organization and (b) *climate for implementation*—organizational culture, administrative support, training, and other reinforcements for implementing that particular innovation in the organization (e.g., Klein, Conn & Sorra, 2001).

### **Innovation Fit**

The importance of innovation fit or the compatibility of an innovation with a given organization has been one of the most consistent findings in the innovation implementation literature. Typically, innovation fit will be stronger in organizations that (a) have multiple motives for implementing the innovation (e.g., Oliver, 1990; Panzano & Roth, 2006), (b) have current initiatives in place that are compatible with the innovation (e.g., Klein & Sorra, 1996; Vaidyanathan, 2004), and (c) view the innovation as complementary rather than competing with existing policies, programs, products, practices, or services (e.g., Majahan & Peterson, 1985).

### **Climate for Implementation**

Climate for implementation captures the collective influence of an organization's multiple practices and policies that encourage the wholehearted and effective use or delivery of a particular innovation (Klein & Sorra, 1996, p. 1056), which in turn predicts the degree of implementation effectiveness (Dusenbury, Brannigan, Falco, & Hansen, 2003). Implementation effectiveness reflects the extent to which an innovation is implemented accurately and consistently by committed, targeted employees.

A strong climate for implementing a particular innovation includes such features as (a) visible support from organizational leadership, (b) clarity about the organization's goals for implementing the innovation, (c) adequate resources for implementing the innovation, (d) adequate training regarding innovation use, (e) access to additional assistance pertaining to innovation use, (f) opportunities to address employees' concerns regarding the innovation, (g) the existence of performance monitoring systems for evaluating innovation implementation and effectiveness, and (h) rewards or incentives for the effective use of the innovation (Klein & Sorra, 1996; Panzano et al., 2005; Vaidyanathan, 2004).

### **Fidelity of Implementation**

With respect to evidence-based programs as a particular kind of innovation, fidelity is defined as the degree to which a program as implemented corresponds with

the program as designed (Fixsen et al., 2005). The key issues are whether the core materials, structures, and processes of the program are delivered as intended by the underlying program model. Fidelity of implementation is important to study because there is mounting evidence that it is essential to achieving the desired outcomes of evidence-based programs (e.g., Blakely, Mayer, Gottschalk, Schmitt, Davidson et al., 1987; Dusenbury, Brannigan, Falco, & Hansen, 2003; Dane & Schneider, 1998; Panzano et al., 2005; Pentz, Trebow, Hansen, MacKinnon, Dwyer et al., 1990). In other words, high levels of fidelity are correlated with high levels of program effectiveness.

Despite the relationship between fidelity and program effectiveness, adaptations happen for a number of reasons, both intended and accidental. Often programs are designed with unrealistic ideals about staff experience and availability, organizational resources, and participant willingness. In addition, adaptations are often made to create a better fit between the program and the local context and culture (Miller & Shinn, 2005).

It is assumed that adaptations will be less likely to diminish a program's effectiveness if the "core components" (i.e., the "active ingredients" that make the program work) are maintained and the implementation is true to the underlying theory of the program (Prevention First, 2008). For example, additional elements added to the program by local practitioners (without eliminating the original elements), sometimes referred to as "reinvention," have been related to more positive program outcomes (Blakely, Emshoff, & Roitman, 1984). Unfortunately, very little research has been conducted to identify core elements or markers of fidelity to a programmatic theory. Therefore, the correct balance between fidelity and adaptation is generally unknown although some research suggests ways that developers can "build in" adaptation to enhance program fit while maximizing fidelity of implementation (e.g., Gonzalez, Barrera, & Martinez, 2004; U.S. Department of Health and Human Services, 2002).

### **Measuring Fidelity**

Understanding the balance between fidelity and adaptation begins with clear definitions and measurement of key program elements. Fidelity assessments can be used to describe the degree to which prescribed program elements were included and nonprescribed elements were absent from implementation as well as to provide evidence to policy makers that programs are being implemented as intended (Mowbray, Holter, Teague, & Bybee, 2003). Without fidelity assessments,

when program outcomes fall short, there is no way to establish whether this was due to the inadequacy of the program model, or a lack of effective implementation. Furthermore, an understanding of fidelity can lead to the dissemination of higher quality implementation practices (Dusenbury et al., 2003).

Three major steps in establishing fidelity measures have been defined (McGrew, Bond, Dietzen, & Salyers, 1994). The first is to identify critical components of a model through expert consensus and developer input. The second is to collect data to measure those components, and the third step is to then examine the reliability and validity by assessing data collected. Calsyn (2000) noted that a single, summed fidelity score was not an accurate measure of services delivered in a program because two programs could receive the same score but be very different in how they operated on site. Therefore, fidelity criteria should include aspects of both program structure (e.g., delivery of the curriculum) and process (e.g., time for debriefing and discussion among participants).

The most common two methods to measure fidelity are (a) ratings by experts based on project documentation, client records, site observations, and videotaped sessions and (b) surveys or interviews completed by those delivering the services or receiving them (Mowbray, et al., 2003). In this study, facilitator interviews were used to assess fidelity.

## **► METHOD**

### **Settings**

Through the "empowerment evaluation" (to which this special issue is dedicated), the Centers for Disease Control and Prevention (CDC) identified two promising sexual violence prevention programs worthy of dissemination: (a) *Men of Strength (MOST) Clubs*, developed by Men Can Stop Rape in Washington DC and (b) *Expect Respect*, developed by SafePlace in Austin, TX. These programs employ a mentoring and role-modeling approach, already a best practice in youth violence prevention (Centers for Disease Control and Prevention, 2002) and successfully used with juvenile offenders (Blechman & Bopp, 2005).

Expect Respect is a school-based program with multiple components including support groups for at-risk youth. Support groups follow a 24-week curriculum to help teens develop trust with peers, learn healthy relationship skills, and pursue nonviolence. Boys and girls meet in separate gender groups that are facilitated by a same-gender group leader. Preliminary results suggest that this program achieves the desired attitudinal and

behavioral outcomes (Ball, Kerig, & Rosenbluth, this issue). In fact, the National Resource Center on Domestic Violence (2002) cited Expect Respect as a promising program.

MOST Clubs consist of 16 weekly sessions that follow a loosely structured curriculum in which an adult mentor engages small groups of boys or young men in discussions about masculinity, relationships, and alternatives to violence. The curriculum underscores the importance of males in rape prevention and encourages the group members to become active collaborators in preventing violence against women. Clubs are convened in both school and community settings. Like Expect Respect, these small groups promote trust and skill building among members. Preliminary evaluation results show positive results.

Both SafePlace and Men Can Stop Rape had achieved considerable recognition from violence prevention practitioners even before coming to the attention of the CDC. However the level of interest in these programs grew even more as a result of CDC's dissemination efforts and various conference presentations. Consequently, community-based agencies and school systems from other states asked for information and training that would allow them to implement these programs. SafePlace and Men Can Stop Rape were both motivated to see their models adopted elsewhere and received additional support from CDC to help them with this process.

Expect Respect support groups were disseminated to 15 new classrooms in the state of Ohio with support of Miami University in Oxford and CDC's DELTA Project in Toledo. MOST Clubs were disseminated to six new sites (both school and community) in the state of California in conjunction with the California Coalition against Sexual Assault (CALCASA). Each new adoption site received training and technical assistance from the original program developers. Each originating program delivered their standard 2-day training protocol to new adoption sites, which included in-person didactic and role-playing exercises. Training content covered program philosophy, key materials, logistics, and operations. Posttraining individual technical assistance varied across program and site—SafePlace offered assistance as needed, whereas Men Can Stop Rape convened biweekly conference calls with new group facilitators in the state of California.

### **Participants**

To determine why the MOST and Expect Respect programs were adopted over other available violence prevention programs, interviews were conducted in 2006

with key stakeholders at various organizations. Participants were those people at each organization ( $N = 8$ ) who were responsible for making the final adoption decisions for their agency and included Executive Directors, outreach coordinators, and school-based services personnel at the adopting agencies as well as principals in area schools whose students participated in the programs.

Graduate students conducted a second set of phone interviews with all facilitators of MOST and Expect Respect groups in new settings to assess fidelity. MOST group facilitators ( $N = 6$ ) were recruited through the California Coalition against Sexual Assault (CALCASA) and Expect Respect support group facilitators ( $N = 15$ ) were recruited through Miami University in Ohio and CDC's DELTA Project in Toledo. Overall, group facilitators tended to have prior experience working with adolescents and/or running groups.

### **Measures**

*Program adoption interview.* The adoption interview was a semistructured protocol containing a series of open-ended, questions that assessed how and why decisions to adopt sexual violence prevention programs were made within organizations. Drawing from translational research literature, questions included

- What characteristics of programs do decision makers consider when making an adoption decision?
- How important is evidence of effectiveness, perceived resources required, or comparison to alternative approaches?
- How is "effectiveness" defined?
- What contextual or environmental factors influence adoption?
- Is there a perceived need for the program?
- Is there congruence between the program and organizational values?
- Which organizational values appear most salient to these respondents?

Adoption interviews lasted approximately 25 min.

*Program fidelity instrument and interview.* In the current study, the investigators were interested in examining program fidelity related to whether the core structures and processes of the intervention were delivered as intended by the program model. Fidelity instruments were developed through a process used in previous dissemination research, which included substantial interaction with the program developers to identify the key components of the program as well as

**TABLE 1**  
**Examples of Core Components and the Criteria for Their Implementation,**  
**Measured on a High, Medium, and Low Scale**

<i>Core Component</i>	<i>Description of Items</i>
Facilitator's affiliation to school	H-External to school M-School staff or faculty, with careful attention to student trust and rapport issues L-Assigned school staff as a matter of convenience
Facilitator's interaction with school contact person	H-Meets regularly with school contact person before or after group sessions M-Meets occasionally with school contact person L-Meets with contact person rarely or never
Group participation	H-Participation is balanced (everyone participates more or less equally) M-Participation is semibalanced, but some participants may dominate while others are often withdrawn L-Participation is very much dominated by a few participants
Discussion questions suggested in curriculum	H-Suggested or similar questions used in all or most sessions M-Suggested or similar questions used in some sessions L-Suggested or similar questions rarely or never used
Administration of the pre-postsurvey	H-All participants (or a substantial representative sample) complete pre and post surveys M-Either the sample is insufficient or a substantial number of participants failed to complete either pre- and post surveys L-No survey process in place

criteria by which their degree of implementation can be judged (Hall & Loucks, 1978). The principal investigators made site visits to both Men Can Stop Rape and SafePlace to discuss the following: (a) developers' perceptions of their curriculum's core components (i.e., the active ingredients that they assume make the program work), (b) the key group process components used to facilitate student engagement and skill building, and (c) other important processes associated with getting a program up and running such as group facilitator selection and training, on-going technical assistance, recruiting students, working with school staff, and so on.

After extensive conversations with program developers at each originating site, the principal investigators reviewed all printed program materials and attended the training for new facilitators in California and Ohio. Once the core components associated with the program content and delivery format were identified, researchers consulted with program developers to set the criteria by which the degree of their implementation could be judged. For example, facilitators' prior experience was identified as a core component by researchers and

program developers. Both Expect Respect and MOST program models called for facilitators to have had prior experience facilitating teen groups. Thus groups where facilitators had this prior experience were scored as achieving *high* fidelity. A *medium* fidelity score was given when the facilitator had prior experience facilitating groups or working with teens but not both. A *low* fidelity score was given when the facilitator had no prior teen or group experience. See Table 1 for further examples of core components and the criteria on which their implementation was judged.

The interviews with facilitators contained both open- and closed-ended questions that assessed fidelity of implementation across a variety of dimensions of the program in considerable detail. Although both interviews covered similar fidelity dimensions, the MOST fidelity instrument and the Expect Respect fidelity instrument had small differences depending on what program developers and researchers defined as core components. For example, the Expect Respect program model includes an intake period where facilitators conduct individual interviews with potential student

participants to determine appropriateness for group inclusion. Thus a question assessing this core component was included in the Expect Respect fidelity instrument and not in the MOST fidelity instrument.

Fidelity between the original program model and the manner in which it was implemented was measured on a scale where *High* fidelity was given a score of +1, *Medium* fidelity a score of 0, and *Low* fidelity a score of -1. Hall and Loucks (1978) developed this method for measuring fidelity and it has been cited in numerous other fidelity research studies (Blakely et al., 1984; Blakely et al., 1987; Emshoff et al., 1987; Emshoff et al., 2003). On average, each interview lasted about 45 min.

### **Interview and Coding Procedures**

At the completion of the first full implementation of the entire program (both MOST clubs and Expect Respect support groups), key decision makers were contacted by telephone to participate in the Program Adoption Interview; program facilitators were contacted for the Program Fidelity Interview. Previous studies have found telephone interviews to be as reliable as face-to-face interviews (Blakely et al., 1984; Bond, Becker, Drake, & Vogler, 1997); thus, program fidelity and adoption questions were administered through a semi-structured telephone interview. All interviews were conducted by graduate students who assisted in the development of the fidelity instrument. To ensure cross-interviewer consistency, graduate students were trained and deemed proficient in administering the interview by one of the principal investigators who had prior experience in this method of data collection (e.g. Blakely et al., 1984; Emshoff et al., 1987; Emshoff, et al., 2003).

Both the Program Adoption Interview and the Program Fidelity Interview were conducted over speaker phone and responses to interview questions were transcribed on computer as they occurred. Follow-up interviews were conducted in cases where further clarification was needed on a particular question. On completion of the Program Fidelity Interview, responses regarding the degree of implementation of core components were coded according to the method specified above (i.e., *high*, *medium*, and *low*).

Responses to the open-ended questions from the telephone interviews were transcribed live by the interviewers. Whereas the closed-ended interview survey questions (used for fidelity interview only) assessed domains established a priori based on the identified core components of each program, the open-ended questions assessed adoption and fidelity more broadly. Data from the open-ended interview questions were

categorically aggregated into a matrix format according to predetermined adoption or fidelity dimensions.

The research team's qualitative analyst performed open coding after categorically aggregating the data to identify emerging themes and concepts. Open coding served as an inductive analytic approach to complement the deductive approach used with predetermined fidelity or adoption dimensions. The predetermined dimensions of fidelity and adoption deductively guided the collection and analysis of the data as questions were developed to explore each dimension, whereas open coding of the data revealed themes and properties of the dimensions. Open coding consisted of the following steps: (a) compiling a list of significant statements, (b) reduction of the significant statements into broader categories, and (c) clustering the categories into thematic groups within each dimension. Qualitative analysis of the open-ended questions revealed themes that confirmed the a priori dimensions and further delineated essential components and nuances of each dimension.

Although interrater reliability was not formally assessed, agreement between researchers and program developers on the a priori fidelity dimensions provided a modicum of reliability from which to begin exploration of each fidelity dimension.

## **► RESULTS**

### **Program Adoption**

Qualitative data from interviews with organizational decision makers were used to examine issues related to program adoption. When asked why they chose their specific program, adopters mentioned a variety of reasons that influenced their decision. Interview responses clustered along three specific dimensions (see Table 2). The first dimension includes program characteristics that adopters used as criteria in their decision-making process. Of particular interest to adopters were the models of prevention employed by each program, the specificity of program curriculum, and the focus on addressing sexual violence.

In addition to how program characteristics fit with the philosophies and criteria of adopting organizations, adopters were concerned with how the program models fit with the values and context of local communities. Two prominent themes related to this second dimension include the appropriateness of the message of nonviolence promoted by each program and the expressed need to involve men and boys in violence prevention. Program adopters considered these themes to fit well with their respective communities.

The third dimension of adoption came from program adopters' descriptions of a process that integrated the

**TABLE 2**  
**Adoption Themes Identified Through Interviews, by Program**

<i>Dimensions of Adoption</i>	<i>MOST Clubs</i>	<i>Expect Respect Support Groups</i>
Program characteristic criteria	Very specific curriculum Focus on sexual violence is a key characteristic Providers were excited and confident in program	Very specific curriculum Materials provided well thought out strategy of engaging schools and identifying at risk youth Focus on prevention and not solely serving maltreated youth are key characteristics
Program fit (with school, community, host organization)	Need to involve boys and men in violence prevention fit with community and organization Philosophy of program fit with philosophy of schools and organizational service providers	Message of nonviolence fit well with community
Organizational & contextual dynamics	Multiple stakeholders require unanimous or consensus decisions to adopt program Organizational focus on prevention ruled out treatment programs	Existing relationships with schools facilitated the program application process

dynamics of their adopting organization with potential school program sites. Existing relationships with local middle and high schools facilitated program application by making the process more efficient in terms of time and effort. This need to involve local schools hints at the other major theme related to the decision-making process, which is that the adoption process requires the approval and input of multiple stakeholders. For instance, consensus was required for the MOST Club adoption in California by multiple stakeholders that included a statewide nonprofit agency, CALCASA, local Rape Crisis Centers, and local schools. A similar decision-making process that included the psychology department of Miami University of Ohio, program developers, and local schools took place with the Expect Respect Program adoption.

### ***Program Implementation***

Both qualitative and quantitative data were collected on fidelity of program implementation, which confirmed and revealed themes and properties of the five predetermined fidelity domains that were common to both programs: (a) staff selection and training (e.g., facilitators' relevant experience, job training, monitoring), (b) student recruitment and referral (e.g., recruitment methods, teacher referral, intake via guidance departments), (c) program evaluation practices (e.g., use of pre- and posttest surveys, focus groups), (d) relationship

with the school in which programs occur (e.g., process to ensure available space and school support), and (e) program content and delivery format, which included both coverage of the curriculum as well as the group skill-building processes such as time for self-disclosure and practicing new skills in a safe setting. To refine the analysis, the curriculum and group process variables were separated into subparts of the program content and delivery dimension.

Using survey data, mean fidelity scores were calculated for five fidelity domains (and two subparts of the program content and delivery domain) that were common across both programs (see Table 3). Fidelity items were scored -1, 0, or 1, representing increasing levels of fidelity. As seen in Table 3, fidelity of implementation across both programs was moderately high with domain average item scores ranging from .51 (curriculum and materials) to .73 (procedure and process). As demonstrated by this range, little variability between domain scores was evident. Likewise, little difference was measured between the two programs, with the exception of School Relationship.

Although scores indicated relative fidelity to program models (i.e., mean scores are above zero) and differences between the fidelity domains were not substantial, some differences are worth noting. Of particular interest is the difference of scores between the subscales of Curriculum & Materials ( $M = 0.51$ ,  $SD = 0.32$ ) and Procedure & Process ( $M = 0.73$ ,  $SD = 0.19$ ) for

**TABLE 3**  
**Means and Standard Deviations for Fidelity Dimensions, by Program**

<i>Fidelity Dimensions</i>	<i>Mean (Standard Deviation) for Both Programs Combined</i>	<i>Mean (Standard Deviation) for MOST Clubs</i>	<i>Mean (Standard Deviation) for Expect Respect</i>
Staff	.69 (.20)	.78 (.13)	.66 (.21)
Recruitment & referral	.61 (.28)	.61 (.28)	.61 (.28)
Evaluation	.58 (.48)	.63 (.44)	.56 (.50)
School relationship	.57 (.40)	.90 (.17)	.43 (.38)
Program content & delivery	.66 (.17)	.55 (.06)	.71 (.17)
Curriculum & materials subdimension	.51 (.32)	.50 (.33)	.51 (.32)
Procedure & process subdimension	.73 (.19)	.57 (.12)	.81 (.17)
Sample size	21	6	15

NOTE: Fidelity scores ranged from +1 (*high fidelity*) to -1 (*low fidelity*).

both programs combined. This difference is even more striking for the Expect Respect Program. These results indicate that although overall fidelity may have been moderately high, some modifications to program models did occur, particularly with regard to program curriculum and materials. These findings are also consistent with our interview data, which as described below, reveal how facilitators modified program curriculum and its delivery to participating youth.

In addition to verifying the quantitative findings, analysis of the qualitative data further informs our understanding of fidelity of program implementation. Categorical aggregation of the interview data revealed themes related to program implementation (see Table 4.) As evidenced by the moderately high scores, facilitators considered fidelity to program models important; however, they were also aware that modifications were necessary.

Valuable themes informing our understanding of fidelity and the need for local adaptation emerged from interview data within the first dimension of program operation. Two dominant themes related to program operation that are consistent with the quantitative findings were found. First, program components that were developmentally inappropriate, redundant, or less interactive required modification. Second, a greater amount of time was spent on daily life experiences of participants than on the written program materials.

The lack of perfect fidelity to curriculum and materials appears to have been influenced by a need to remain developmentally appropriate for middle school-aged students, as illustrated by an Expect Respect support group facilitator who said, “I think the curriculum

is more for high school. I needed to do a lot of work to alter the curriculum to make it more accessible to a younger audience . . . I left things out that weren’t developmentally appropriate.”

The second dominant program operation theme of utilizing group time to reflect on the daily life experiences of participants complements the high fidelity to process and procedure found in the survey data. One facilitator noted that, “For this group it is more helpful to talk about what happened this weekend . . . they want to talk about their lives . . . sometimes we just go with what the girls want to discuss.” Check-in time is a core program component of both models.

When asked about the second program dimension of training, program facilitators consistently referred to limitations. The dominant limitation mentioned by facilitators was that training was limited by a lack of focus on the characteristics of communities served. A training protocol that was not tailored to each particular site frustrated some new facilitators, who felt that “training just scratched the surface of actually running a session.”

When asked about technical assistance, program facilitators again pointed out limitations. The dominant theme emerging within the technical assistance dimension was that more proactive assistance on the part of program developers was desired by front-line implementers. Although assistance was always available, facilitators had to actively seek it out themselves, which was difficult to do while running their respective groups. One facilitator captured the desire for greater technical assistance by saying, “I was disappointed by no visitors or check-in calls. There was a lot of ‘we’ talk but then no one offered help.”

**TABLE 4**  
**Program Implementation Themes Identified Through Interviews, by Program**

<i>Program Dimensions</i>	<i>MOST Clubs</i>	<i>Expect Respect Support Groups</i>
Program operation	<p>Greater amount of group time is spent on daily life experiences of participants</p> <p>Unique needs of population facilitates program modification (e.g., language barriers, mental challenges, socioeconomic issues, money, substance abuse, juvenile justice, and gang violence, difficult home lives)</p> <p>Contextual factors strongly influence program modification</p> <p>Effectiveness of program is measured by (a) indications of healthy lifestyle changes in youth (e.g., increased support from other youth, youth policing each other's behaviors, practicing new skills) and (b) Specific at-risk model youth demonstrating major life changes</p> <p>While modifications to program are made, fidelity to philosophy/theme of program always maintained</p>	<p>Program components that were developmentally inappropriate, redundant, and less active required modification</p> <p>Contextual factors strongly influence program modification</p> <p>Greater amount of group time is spent on daily life experiences of participants</p> <p>Inadequate group time required curriculum modification</p> <p>Sessions that provided specific skills and employed action-oriented techniques were easier to implement and more useful than the lessons about self-exploration and only employing talking and thinking</p> <p>Effectiveness of program is measured by changes in group participation (e.g., high attendance, desire for future participation in group, greater trust) and behavior changes outside of group (e.g., increased communication, healthy coping, less violence)</p> <p>While modifications to program are made, fidelity to philosophy/theme of program always maintained</p>
Training	<p>Previous experience of facilitators a factor in confidence of facilitators to implement program</p> <p>Limitation is the absence of training in conflict management, encouraging group participation, and familiarizing facilitators with qualities of the specific communities they serve</p>	<p>Flexibility of program curriculum must be communicated</p> <p>Helpful aspects of training incorporate exercises that are readily applicable to "real" situations (e.g., role playing, mock groups, exploring group scenarios)</p>
Technical assistance	<p>Providers are very supportive</p> <p>Assistance dealing with different group dynamics (age, sex, class, race) is needed</p> <p>Assistance is most needed at beginning of program implementation</p>	<p>Providers are very supportive</p> <p>Assistance was always available, but facilitators needed to seek it, more proactive assistance was needed</p> <p>Personal/face-to-face assistance is preferred; Phone and email support not helpful</p>

## ► DISCUSSION

This study showed that the measurement of fidelity is possible, with minimal expense and respondent burden. Data collected from stakeholders involved in the adoption decision and in the implementation process sheds light on how programs developed and tested in one site can be successfully disseminated and replicated

in new venues. Such successful dissemination and implementation helps to narrow the gap between what we know (knowledge) and what we do (practice). The two disciplines represented on the research team—public health and community psychology—each place a high priority on the application of scientific knowledge to the solution of social problems through the use of evidence-based programs, practices, and policies.

Our first question was, “If they build it, who will come and why?” Interviews with those involved in the adoption decision revealed the following:

- Those that adopted these programs had a prevention orientation and were looking for resources to support this perspective.
- Organizations and their representatives choose to adopt programs that are consistent with their culture, values, and philosophy—factors that may be more important than the program’s empirical basis. In other words, *innovation fit* may be more important than anything else.

These findings suggest that those interested in disseminating effective programs should purposefully disseminate to sites whose philosophical foundations are consistent with the programs’ orientation. Such matches may increase both the rate of adoption and the degree of fidelity. Given the importance of organizational–program match, it may be useful to cultivate and support environments that are conducive to adoption and implementation, thus enhancing the *climate for implementation*.

Our second question was, “If the program is adopted and training and technical assistance is provided to adopters, to what degree will it be implemented with fidelity to the original model?” The qualitative and quantitative findings suggest

- Implementation with substantial fidelity is possible.
- Such fidelity is increased as the result of careful staff selection, training, contact between program developers and facilitators, and ongoing technical assistance.
- Deviations from fidelity (adaptation) can be benign or beneficial when done with a purpose and when this adaptation does not threaten the underlying program theory. It remains to be tested whether adaptation changes program efficacy, which in this case includes attitudinal and behavioral outcomes for participants.
- Adaptation may be particularly appropriate when the implementation site serves a population which represents a cultural and/or developmental deviation from the original population targeted by the program.

Despite these findings confirming the feasibility of disseminating promising programs that can be implemented with fidelity, finding the balance between total fidelity and unrestrained adaptation remains a challenge. Conducting research that identifies the relative contribution of individual program components (i.e., core components analysis) can help in finding the optimal balance point. Such

research requires substantial resources and time as it benefits from testing multiple combinations of variable levels of implementation of each program component.

The scale of dissemination and replication represented in this research is relatively small. Additional challenges will occur when programs are adopted at hundreds of sites, wherein developer–practitioner communication is less frequent, less personal, and less intense. Lessons should be gleaned from the private sector regarding the maintenance of quality as production and retailing are brought to high levels, such as in the case of franchising.

Consistent with this special issue’s focus on empowerment evaluation, organizations interested in improving their prevention practices should feel empowered by the knowledge that effective programs exist and that they have the capacity to make good adoption decisions and implement them with fidelity. Thus the model of demonstration, evaluation, dissemination, adoption, and implementation with fidelity is viable, at least in this instance. Programs were adopted for predictable reasons related to innovation fit (e.g., a fit with the goals and values of the adopting organization, administration was supportive) after which programs were implemented with fairly high levels of fidelity to the original model (aided by a climate for implementation that included support for training and additional assistance). Again, fidelity should be viewed as multi-dimensional—organizations implemented some dimensions with higher fidelity than others.

These findings provide useful information to those interested in the diffusion, dissemination, and faithful implementation of evidence-based programs designed to prevent sexual violence. As funders, policymakers, practitioners, and the general public increasingly request the use of such evidence-based programs, knowing that new users can adopt and implement such programs with fidelity to the original model is encouraging. This level of fidelity among new users is particularly important if or when “widespread adoption” becomes a reality, because we will need programs that can be picked up and used properly by thousands of people.

Of course, some degree of adaptation is inevitable. Future research should identify the core components or “critical ingredients” that are essential to program outcomes and therefore should be subject to minimal, if any, adaptation. Generically, these core components are associated with the key elements of the program theory driving the intervention. However, if a program is to be disseminated widely, more specifically determining the elements critical to its success would be useful. Additional research should then assess the effectiveness of processes designed to increase fidelity. For

instance, what dosages and modalities of training, technical assistance, and monitoring (quality control) lead to what levels of fidelity of these core components?

The primary limitation of this study is the small sample size used. Unfortunately, this is often a weakness of studies of these phenomena, as the unit of analysis is the organization or program, not individual clients or consumers of these programs. A second limitation of the study is the reliance on program staff for data on implementation. Although there were no negative consequences with reporting lower levels of implementation, staff might have felt some social demand to state that they were implementing the program with fidelity.

The current study showed substantial fidelity with moderate levels of training and technical assistance, but additional studies of this relationship would be valuable. This study and the additional research proposed will provide greater insights into these processes and help to guide the work of scientists, policy makers, and practitioners who must make informed decisions about the selection and implementation of prevention programs in our communities.

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