

ADAPTATION GUIDE



Adaptation Guide

Welcome, program implementers and evaluators of Many Ways of Being!

This resource provides guidance for you to consider when making adaptations¹ to the curriculum activities. Although it's common for implementers to make changes to the content to better fit the context and population the program intends to engage, this guidance document provides criteria to maintain fidelity to the program's core components. This is important because the core components have been associated with positive impacts on the outcomes of interest.

WHAT ARE ADAPTATIONS?

According to the Office of Population Affairs (OPA) adaptations are “changes to the program content, program delivery, or core components of a program. Some adaptations are minor and might be necessary to make the program culturally relevant, current, and/or more engaging. However, other adaptations are major and significantly change the core components of a program. These types of major adaptations can compromise fidelity and weaken the outcomes of the program and should be avoided.” For the purpose of this document, we use the terms modification and adaptation interchangeably.

While the Many Ways of Being curriculum is open access and available for everyone to use, we request that the authors and affiliated organizations be referenced. We strongly recommend you involve the authors in the adaptation process to help understand important aspects to consider for a successful implementation. We also recommend not modifying the core elements of the program. If substantive changes are made, we advise seeking approval from Equimundo.

If modifications are made, it is important to document them in order to understand the pathways to change as well as any implementation issues that arise. Using templates such as adaptation matrices can be helpful, such as the IPV Adapt Framework.² For evidence-informed interventions, like Many Ways of Being (MWB), modifications that go too far to deviate from the program can impact the effectiveness in achieving its intended outcomes.

Equimundo has drawn from various resources in the creation of the general guidance within this document.³

^{4 5} Additionally, the team outlined illustrative guidance that is tailored to Many Ways of Being's eight sessions.

Throughout this document, readers will notice categories of adaptations analogous to a traffic light, including **green** (safe), **yellow** (proceed with caution), and **red** (unsafe) adaptations.

1 Sharma V, Scott J, Belen K, Dartnall E, Gevers A. (2022). The IPV- ADAPT+ Framework: How to adapt intimate partner violence prevention programs. Executive Summary. Equality Insights Lab and Sexual Violence Research Initiative. <https://www.svri.org/documents/ipv-adapt-framework>

2 Sharma V, Scott J, Belen K, Dartnall E, Gevers A. (2022). The IPV- ADAPT+ Framework: How to adapt intimate partner violence prevention programs. Executive Summary. Equality Insights Lab and Sexual Violence Research Initiative. <https://www.svri.org/documents/ipv-adapt-framework>

3 Firpo-Triplett, R., Fuller, T.R. (2012). General Adaptation Guidance: A guide to adapting evidence-based sexual health curricula. <https://www.etr.org/ebi/assets/File/GeneralAdaptationGuidanceFINAL.pdf>

4 Hickman, S., Faccio B., McClay, A., Tallant, J., Manlove, J. (2021). El Camino Adaptation Guide. <https://www.childtrends.org/publications/el-camino-adaptation-guide>

5 FYSB. n.d. Making Adaptations Tip Sheet. https://portal.ct.gov/-/media/SDE/Health-Education/Exemplary-SHE/Curriculum-Materials/making_adaptations_to_evidence_based_programs.pdf

PROGRAM FIDELITY

Generally, program fidelity falls into three main categories: implementation, content, and pedagogy.

- **Implementation context and approach:** which includes the target population, location, and cultural context. For example, MWB is designed for English-speaking or Spanish-speaking 15–19-year-olds, predominantly Latinx and Black youth, in Washington, D.C.
- **Content:** which includes the session topics in general, as well as the specific medically accurate, age-appropriate, intersectional, and inclusive information, language, and principles embedded into the curriculum activities. For example, MWB contains sessions on contraception and STI transmission and prevention and approaches these topics with a sex-positive lens that prioritizes risk reduction.
- **Pedagogy:** which includes the use of a variety of teaching styles. prioritizing critical thinking and reflection, heavy participation, and engagement with the material. For example, in most of the skill building sessions, the facilitators scaffold the session by introducing the topic, demonstrating the skill, and then providing an opportunity for the youth participants to practice themselves.
- **Delivery Method:** which include group size, and the sequence, cadence, and timing of the sessions. For example, Many Ways of Being was designed to be implemented in 8 2-hour sessions or 16 1-hour sessions with a group of 10-15 people, and has a complementary Instagram digital component.

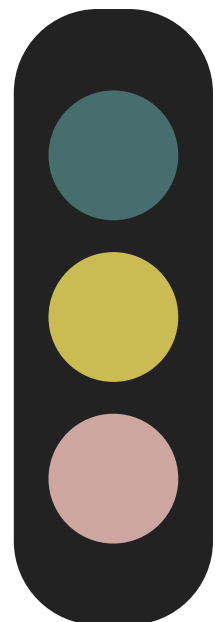
GENERAL GUIDANCE

In this section, the authors include adaptations and modifications that should and shouldn't be applied to the sessions of *Many Ways of Being*.

GREEN LIGHT ADAPTATIONS are changes to the curriculum that do not compromise the core components. Adaptations of this nature may better reflect the context, needs, and limitations of the participant group and facilitation setting. This can include contextualizing examples to better align with the participant demographics, adapting to technology limitations, and accommodating participants with diverse disabilities and abilities.

YELLOW LIGHT ADAPTATIONS are more significant changes to activities that should be made with caution to ensure that core content material is taught, and facilitation style is maintained.

RED LIGHT ADAPTATIONS should be avoided since they compromise or eliminate one or more of a program's core components.



GREEN LIGHT ADAPTATIONS

IMPLEMENTATION

- Skipping optional activities, (i.e. the pre- and post-evaluation if your program doesn't have one), and Activity 8.2.
- Extending the session length to be more than two hours.
- If you don't have the means to create an Instagram account for the group, you can print copies of the digital assets to incorporate in the in-person session.

CONTENT

- Updating statistics and reproductive health information, especially in Sessions 6 and 7. To maintain medical accuracy, please update information from government-funded sites (i.e. CDC, NIH).
- Updating legal information to be applicable to the state and locality you are implementing the program.
- Changing names of characters or places in the examples and scenarios to be more relevant to youth. Additionally, changing the names of characters so that they don't match the names of any participants in the class.
- Adding in additional content warnings for potentially sensitive content.
- Paraphrasing the facilitator scripts in a way that gets across the key messages in a tone and words that match your comfort and style.

PEDAGOGY

- Customizing role plays and scenarios (e.g., using contexts and language that better represent the participants).
- Making activities more interactive, appealing to different learning styles.
- Adapting activities to unique abilities of students (i.e. adjust activities to reduce the reading required to accommodate students with learning disabilities (i.e. dyslexia), adjust the classroom to allow students with physical disabilities to participate in activities with movement).

YELLOW LIGHT ADAPTATIONS

IMPLEMENTATION

- Having a smaller or larger group than the preferred amount – this may impact levels of participation and activity flow, so be careful not to go too big or small.
- Having more than one session a week, which can speed up the implementation time of the program but may impact the time youth have to engage with and process the material in the curriculum.
- Working with slightly younger or older adolescents than 15-19 years old. The content was created to match the development and experience of this age group, so you would have to assess whether the content is still appropriate for youth outside of this intended range.
- Removing the co-facilitator from the implementation model, as long as the lead facilitator is experienced and can handle the group size effectively.

CONTENT

- Replacing videos with other engaging and medically accurate videos or activities.
- Deviating from the provided “possible answers” in the activities – as long as they remain aligned with the curriculum principles and are medically accurate.

PEDAGOGY

- Modifying a lecture format of an activity to something more engaging – as long as the key messages are conveyed.

RED LIGHT ADAPTATIONS

IMPLEMENTATION

- Changing the sequence of activities or sessions.
- Shortening the program by skipping activities or sessions entirely.
- Splitting a mixed-gender group into single-gender groups for a session or the entire intervention.

CONTENT

- Removing sections of the activities that depict non-heterosexual couples, queer pronouns, and gender inclusivity language more broadly.
- Including content that is not age appropriate or medically accurate.

PEDAGOGY

- Modifying methodologies that are engaging and interactive (i.e., role plays, demonstrations, gallery walls, Q&A) into a lecture format.

Illustrative Session-by-Session Examples

SESSION 1

Activity 1.1: If there isn't a pre/post test for your intervention, you don't have to do this activity.

Activity 1.1: Reading out questions and answers for participants if they have difficulty reading

Activity 1.4: Switching out the songs to make them more contextually appropriate

Activity 1.5: Modifying to accommodate students with disabilities who cannot move around the room.

Activity 1.5: Modifying the statements to make them more contextually appropriate -- as long as they refer to topics covered in the curriculum.

Activity 1.6: Modifying the method of recapping key concepts as an alternative to tossing the ball (including accommodating for students with disabilities)

Activity 1.2: If the room doesn't allow for a circle formation, sitting in a way that best fits the space, while still allowing participants to freely discuss with one another and see everyone's faces.

Activity 1.4: Modifying the activity completely to another method of introductions and getting to know each other -- as long as names and pronouns are shared.

Activity 1.5: Modifying the quantity or order in which the statements are asked.

Activity 1.6: If the program doesn't have an instagram component, modifying the challenge.

All Activities: Skipping activities entirely, removing the "What does this have to do with the Gender Boxes?" activity in Activity 1.1, changing the format of any activity to lecture format, failing to foster any critical dialogue or high degree of participation.

Activity 1.1: Providing answers or discussion about any of the questions in the survey.

Activity 1.4: Modifying the methodology in a way that doesn't introduce everyone with their name and pronouns.

SESSION 2

Activity 2.2: Not splitting into groups for the ManBox WomanBox and having the group do each all together.

Activity 2.3: If there are technology issues, instead of playing the GenderBread video, the facilitator explains each category of gender and sexual identity.

Activity 2.4: Only assigning some of the scenarios or role plays due to having fewer participants.

Activity 2.4: Modifying the story lines, names, interests/activities, while keeping the diversity of race, gender, and sexuality present across stories.

Activity 2.2: Having the groups only work on one of the flipcharts ('Act Like a Man' or 'Act Like a Woman').

All Activities: Skipping activities entirely, removing the "What does this have to do with the Gender Boxes?" activity in Activity 2.1, changing the format of any activity to lecture format, failing to foster any critical dialogue or high degree of participation.

Activity 2.4: Changing the format of the Gender Boxes handout to a lecture format.

SESSION 3

Activity 3.3: Changing the “I” and “You” statements to better fit the context.

Activity 3.2: Drawing, instead of writing, the emotions on the mask.

All Activities: Skipping activities entirely, removing the “What does this have to do with the Gender Boxes?” activity in Activity 3.1, changing the format of any activity to lecture format, failing to foster any critical dialogue or high degree of participation.

Activity 3.2: Changing format of Masking my Emotions to a lecture format.

SESSION 4

Activity 4.2: Modifying the format so all participants respond to each scenario, like the ‘Where do you stand’ method in Activity 1.5.

Activity 4.3: Group size can be flexible in general.

Activity 4.2: Modifying the statements as long as they are appropriate and are a mix of relationships with friends, partners, family, and/or other adults (teachers, coaches, religious leaders).

Activity 4.3: Changing the power situations.

Activity 4.4: Changing the boundary scenarios.

All Activities: Skipping activities entirely, removing the “What does this have to do with the Gender Boxes?” activity in Activity 4.1, changing the format of any activity to lecture format, failing to foster any critical dialogue or high degree of participation.

Activity 4.2: Changing a statement to a different category (Healthy, Unhealthy, Depends).

Activity 4.3: Changing the format of the role plays into lecture.

SESSION 5

Activity 5.2: Changing the facilitation method of the ‘Foundations of Pleasure’ activity.

Activity 5.3: Use alternative or additional commercials and instagram handles.

Activity 5.3: Changing to another platform if more applicable to youth you’re serving.

Activity 5.4: Modifying the format of the questions in the first part.

Activity 5.4: Reviewing and changing legal language depending on location of implementation.

Activity 5.2: Changing the statements in the Foundations of Pleasure activity (as long as they remain medically accurate and sex positive).

Activity 5.4: Modifying the details in Andres’ story.

All Activities: Skipping activities entirely, removing the “What does this have to do with the Gender Boxes?” activity in Activity 5.1, changing the format of any activity to lecture format, failing to foster any critical dialogue or high degree of participation.

SESSION 6

Activity 6.2: Modifying the format of Asking for Consent and Checking In activity.

Activity 6.3: Updating statistics and facts for medical accuracy.

Activity 6.3: Modifying the format of the Myth vs Fact STI game

Activity 6.4: If you don't have penis and vulva models, using an alternative (banana or hands).

Activity 6.2: Adding to the definition statements of what consent is or isn't.

Activity 6.3: Deviating from provided possible answers while maintaining medical accuracy.

Activity 6.3: Changing the scenarios in the section on Communicating about STIs.

All Activities: Skipping activities entirely, removing the "What does this have to do with the Gender Boxes?" activity in Activity 6.1, changing the format of any activity to lecture format, failing to foster any critical dialogue or high degree of participation.

Activity 6.2: Removing one of the definition statements of what consent is or isn't.

Activity 6.4: Skipping the demonstration and practice.

SESSION 7

All Activities: Updating statistics and facts for medical accuracy, update laws to be relevant for your location of implementation (particularly Activity 7.3).

Activity 7.2: If you don't have models/examples of contraceptives, printing out pictures.

Activity 7.3: Updating the Youth Friendly Health Services for the location of implementation.

Activity 7.3: Modifying the scenarios to be culturally relevant.

Activity 7.4: Changing the format for the activity, but not lecture format.

Activity 7.2: Deviating from provided possible answers while maintaining medical accuracy.

Activity 7.4: Not covering all of the scenarios or adding in your own (check medical accuracy).

All Activities: Skipping activities entirely, removing the "What does this have to do with the Gender Boxes?" activity in Activity 7.1, changing the format of any activity to lecture format, failing to foster any critical dialogue or high degree of participation.

Activity 7.2: Modifying to a format that does not mention all of the existing contraceptive methods.

Activity 7.3: Modifying the format in a way that all groups do not interact with all of the scenarios.

SESSION 8

Activity 8.2: Skipping if time does not allow due to a pre/post test.

None

All Activities: Skipping 8.1 or 8.3 entirely.

Activity 8.1: Modifying in a way that covers only Session 7.

Activity 8.3: Providing answers or discussion about any of the questions in the survey.