The Theoretical Congruence and Sustainability of Local Adaptation Activities: Analysis and Recommendations – ‘The Drug Education Study,’ is a follow-up study, led by Dr. Felipe González Castro. The first was a study of 39 middle schools located in rural communities in Ohio and Pennsylvania, conducted five years ago, to study a rural adaptation of the Keepin’ It Real youth drug prevention intervention. The current project examines fidelity and adaptation issues in intervention implementation as delivered by the school teachers. This project also examines intervention sustainability as conducted by the school principals. Tara Bautista, Dr. Castro’s Research Lab Manager and PhD trainee, provided an in-depth look at this project while explaining the importance of follow-up projects in research. Read more below!

This is a “follow-up” project to research completed years ago, correct? Can you explain the initial research project, when and where it took place, and what data you are now collecting?

The original project was a three-year study which ended in 2013. Dr. Castro and I were not part of that project although Dr. Michael Hecht* was the principal investigator (PI) for that study, and is a co-Investigator on the current project.

Many years ago, Dr. Hecht was a faculty member here at Arizona State University. He is the founder of Real Prevention, a company that specializes in prevention interventions. At the time, Dr. Hecht worked at Penn State University. His goal was to create a rural version of the Keepin’ It Real youth drug prevention intervention, as implemented with youth in Pennsylvania (PA) and Ohio (OH), who couldn’t necessarily relate to the urban version’s content. Keepin’ it REAL (kiR) is a youth drug prevention intervention program developed for middle school students, although it was originally created for teens in metropolitan settings, such as downtown Phoenix.

The videos used in the program were created and filmed by high school students who depicted urban scenarios, such as riding the “light rail.” However, these scenarios were not culturally relevant for rural middle school students. Dr. Hecht and Miller-Day* partnered with teachers in select high schools in rural PA who were trained on the Keepin’ It Real curriculum. Their students then created the rural-oriented videos with their students (as developed for the middle school students). Their videos included activities that rural students in that area could relate to, like “riding quads” and “having campouts.” His aim was to compare the “classic urban” version of kiR as offered in certain of these schools in PA and OH, to the newly created “rural” version of kiR in those states, and also as compared with control schools in those states. Each middle school had approximately three teachers trained in the curriculum.

Our follow-up research has two aims, the first is to see whether the program has been sustainable in their school and the second is to see if/how the teachers further adapted the program to specifically relate to their students, as well as to respond to other challenges that occur when teaching drug education. The first portion of the data collection was completed with the school’s principal. If the program was not sustained, interview questions asked about factors that interfered with that sustainability. If kiR was sustained, questions probed for factors that promoted that sustainability. For the second aim, we are looking to see if those specific lesson adaptations, whatever they may be, were beneficial in helping these middle school students to better learn refusal skills to avoid people or situations that offered them cigarettes, alcohol or drugs. The major research question examines how well teachers understand the theoretical foundations of the kiR intervention, and how it works. If so, then these teachers would be able to make needed local adaptations in a manner that maintains intervention fidelity, while also making the intervention contents and activities culturally relevant for their students, thus promoting their active participation and enhanced learning. The kiR curriculum avoids scare tactics and being judgmental...focusing instead more on the possible consequences of drug use. Other challenges that teachers have reported are things such as time constraints and at times a lack of interest from the students. By contrast, some teachers may utilize scare tactics, which should would constitute “adaptations” that are
“incongruent” with the core constructs and main evidence-based focus of the kiR program, thus deviating from the major evidence-based foundations of “what works” in youth drug prevention. By contrast, we are learning from the teachers about any innovative teaching approaches that inspire their student, promotes learning, and that are also “congruent” with the evidence-based foundations of kiR. These teachers have provided excellent observations on how they keep their students engaged without compromising the lesson’s goal.

Why is it important to do this type of follow-up data collection?
Follow-up studies, particularly those using “mixed methods designs” are important for gaining deep-structure insights on how prevention interventions work as examined within “real-world” situations. During the previous study, the teachers video recorded their lessons and filled out surveys following each lesson. They were very much cognizant of what needed to be done and how, therefore the results were, “best case scenarios.” We are following up with them five years later to see “how they are doing” on their own, without help from the researchers checking in on them and monitoring their performance. This is also a remarkable time to ask them about any adaptive changes that they have made. In the previous study, the teachers were encouraged to deliver the program with high fidelity: “do not make any changes.” Now we are coming in and telling them “we realize that sometimes you need to make some certain changes, and that might actually be a good thing. Tell us more about why you had to make these changes.” During efficacy studies, there isn’t any room for adaptations. Things must be very controlled. It isn’t until the follow-up when you can see, “what actually stuck with the participants and what was easily lost once real-world challenges interfered.”

The location of a project usually has some significance or background. Is there a reason for this project’s location as well?
The locations were selected originally because Dr. Hecht was at Penn State at the time and because this is a follow-up project, we returned to the original locations for our data collection. We obviously could not have planned for this study to be in an area of the current opioid epidemic but this area does currently have high rates of opioid overdoses. Many of the principals and teachers are telling us how crucial drug education is in their schools because of everything going on in the area. The students know when someone in the community overdoses and the educational programs help to provide a conversation to discuss what is going on. Yet, many principals, who “must do a lot” with limited resources, also discussed the challenges of findings time and money to support these programs because drug education is not a subject on which their school performance is “graded.” The pressure to product is high. If a school achieves low test scores, the school could close. Thus, the principals and teachers must spend most of their efforts doing well in the areas in which they will be tested and graded.

How do the project’s aims fit with the mission of our center?
Our research team is very transdisciplinary with professionals outside of the academic setting, such as Real Prevention and experts here at ASU in communication, such as Dr. Pettigrew*. Real Prevention is a business and it’s very interesting to see the business side of prevention intervention development and dissemination. We also have a PhD student from Penn State currently working on the project for “on-the-ground” recruitment. People from rural communities versus urban communities seem to have various cultural differences, and location plays a large part in the cultural diversity of our participants. As a group, the center is interested in vulnerable and underserved populations...many times we speak of “diversity” as consisting of “ethnic diversity,” although here we are also looking at a different “culture” based on rural vs. urban differences, which also introduce interesting and significant contrasts. I also think as a center we are interested in understanding the deeper aspects of “what works” and “how it works.” We don’t want to just administer a program and get a publication. We want to find a way to make a long-lasting impact with our populations of interest. That is what this study is about. We need to know how to correctly adapt programs to make them more “culturally relevant” for a local community, capable of engaging the local community residents, and sustainable for long-term impact, all this without losing the program’s effectiveness in producing its beneficial outcomes.

Part of the Center for Health Promotion and Disease Prevention’s (CHPDP) mission is to work with community partners. How will all partners benefit from this research and partnership?
While this is not an “ongoing” relationship with those community partners, we do have a local representative making those face-to-face connections which definitely helps build trust with principals and teachers. We will also “give back to that community,” emerging knowledge and insights that we have obtained from compiling the participants’ stories. The participants also receive incentives which benefit the teachers and students through funding they would not have had otherwise...such as gift cards to purchase tools they may need to help with their classroom or projects. This is not a community based/participatory study, although as noted, in the end we will be taking the information we gather back to them, which helps them see what other schools and teachers have done to enhance or change the curriculum and these are what principals have reported to sustain the program. That information may be helpful to schools who are struggling to sustain their programs or that have not been able to sustain any program at all. Quite a few principals and teachers have told us they’re happy someone cares about this, because they see the benefits of data collection, to review the program and feel respected when they see their input being taken seriously. Many of our interviewees have provided as much input as possible because they could see the impact the program could make on the lives of their students. We are pleased to have been there, to “listen to their stories.”

*Original Project Investigators:

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**Michelle Miller-Day, PhD**, Real Prevention, Professor at Chapman University, Expert in low SES and rural communities  
**Manuel Barrera Jr., PhD**, Co-investigator, ASU Psychology, Retired, Expert in EBI adaptations  
**Jonathan Pettigrew, PhD**, ASU Human Communication, served as project director for the original study (as a PhD student at Penn State)