Adapting psychological interventions
Why do we need an adaptation protocol?

- Evidence that culturally-adapted interventions more effective (SMD= 0.72; Chowdary et al 2014)
- No clear consensus on HOW to do this.
- Often adaptations not well documented or done systematically.
- Balance between maintaining fidelity versus cultural and contextual ‘fit’. Systematic approach to adapting interventions key to maintaining fidelity to evidence-based components.
- Documentation of adaptations is crucial, to enable replication and comparison.
- WHO currently field-testing a systematic way to implement adaptations and document them.
Five phase model for new intervention testing

**Phase 1**
- Adaptation of intervention for local sociocultural context (*qualitative* research) and, sometimes, an uncontrolled pilot run

**Phase 2**
- Small, feasibility randomized controlled trial (*RCT*) to explore (a) feasibility, safety and delivery of intervention in a RCT and (b) feasibility of high quality evaluation (n = 40 – 120)

**Phase 3**
- Process evaluation (*qualitative* research) of administering and trailing the intervention to finalize intervention and prepare for Phase 4 (n = 25)

**Phase 4**
- Large, definitive, state-of-art *RCT* (n = 350-550)

**Phase 5**
- Process evaluation (*qualitative* research) of administering the intervention to prepare for scaling up (n = 25)
<table>
<thead>
<tr>
<th>No.</th>
<th>Component</th>
<th>Activities</th>
</tr>
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<tbody>
<tr>
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<td>Workshop with research team to review proposed changes and propose draft revision of intervention</td>
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<td>12.</td>
<td>Process Evaluation</td>
<td>Qualitative process monitoring - via supervision, session notes, fidelity monitoring, Key Informant Interviews</td>
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Steps in adaptation

1) Find out what is known and address gaps
   a) Literature review
   b) Information gathering

2) Translation of materials
   a) Translation of relevant text
   b) Back translation

3) Evaluate intervention with stakeholders
   a) Cognitive interviewing

4) Review suggested adaptations and finalize draft
   a) Organise adaptation workshop
   b) More cognitive interviewing

5) Pilot: field test implementation of materials
   a) Training of trainers, supervisors, facilitators
   b) Implementation of intervention
## Pre adaptation phase (needs assessment)

1. **literature review**
   - Conduct desktop literature review of pre-existing information relevant to mental health and psychosocial support in the region/country

2. **Community Engagement**
   - Stake holder meetings with community experts

3. **Rapid Qualitative Assessment**
   - Free Listing Interviews
   - Key Informant Interviews
## Translation and adaptation

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Cognitive interviewing

- Technique often used in adaptation of measures (see Collins, D. Qual Life Res (2003) 12: 229 for an overview)
- Intervention is broken into manageable sections
- 3 open ended questions on each section on:
  - Clarity (is the content understandable)
  - Relevance (does the content matter or can one identify with it)
  - Acceptability (is the content offensive)
- Adaptation monitoring form is used to record data from the group on a given section of intervention
## e.g. data entry form

<table>
<thead>
<tr>
<th>Original text including document name and page number</th>
<th>Proposed change</th>
<th>Justification to change original text</th>
<th>Notes</th>
<th>Change agreed</th>
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<tbody>
<tr>
<td>□ Contextual research</td>
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Small pilot

11. Conduct pilot

- Conduct small-scale non-controlled pilot
- Collect quantitative measures of outcomes
- Collect qualitative notes from sessions
12. Process Evaluation

- Qualitative process monitoring - via supervision, session notes, fidelity monitoring
- Key informant interviews with participants and facilitators, as well as key stakeholders - strengths/weaknesses, barriers/facilitators, thoughts on integration into existing health structures and service delivery
Experiences - content

- Minimal adaptations have been required for the content:
  - PM+: Few changes to content, some suggestions to adapt some exercises
  - SH+: pictures for different populations, South Sudanese and Syrians - changes to people and content/scenes, but not meaning
Examples of adaptations for PM+

- Pakistan: sentences in Urdu rephrased to be more direct ‘we are interested to find out’ changed to ‘we want to know’
- Kenya: local idiom of distress ‘thinking too much’
- Nepal: Man haluka (light heart-mind instead of managing stress), included somatic complaints to inactivity cycle
- Referral to religion and family
- Local stressors
Why minimal content adaptations?

- Design and approach to development
- Simple techniques and language in original (generic) manual?
- Language that speaks to multiple groups?:
  - A) Sometimes stress is related to major threats from the world around you – for example, not having a way to provide for yourself or your family…or living in a community without health care or schools, or being displaced from your home.
  - B) Sometimes stress is related to major threats from the world around you – for example, not having a way to provide for yourself or your family….or living in a village without health care or schools, or being a refugee
Why minimal adaptations to these interventions?

- ... Pictures that are relevant to many
Experiences - delivery

- **Group PM+**: Adaptation required for Syrian men?
- **SH+**: Adapted so facilitator plays a more active role - energiser games, reading discussion questions
- **Step by Step**: Lebanon – weekly calls (instead of messages) and hearing from a lay helper seen as important. Other settings may have different requirement.
Example Lebanon: Step-by-step

Pal = Palestinian
Leb = Lebanese
Syr = Syrian

PHC = Primary Health Centre
KII = Key informant interview
FGD = Focus Group Discussion

2 staff

PHC1
FGD 8 Males Pal
FGD 10 Females Pal

2 staff

PHC2
FGD 6 Males Syr
FGD 12 Females Syr

2 staff

PHC3
FGD 8 Females Leb

8 Staff

PHC4
FGD 8 Males Leb
FGD 12 Females Leb

2KII Leb, Syr

Lay persons had often different views than professionals

68 lay people
8 front-line staff
Plus 3 MH experts
Main outcomes of adaptation work Lebanon

- Reducing content by 30% (from 60-90 story slides to 40-60 each session)
- Including videos despite internet cost concerns
- Doctor character to be directive and main character to tell the story
- Less emphasis on inactivity, but more on *enjoyable* activities
- Add mild reference to faith
- Update the story and contact strategy in response to local gender roles and potential GBV issues
- Incorporate some of the suggestions for story activities and example activities (e.g. write about feelings, change appearance, gardening)
Adaptation considerations

- Extent of adaptations. From changing names in case studies to changes reflection local concepts of healing.

- The adaptation of a psychological intervention should enhance cultural relevance while maintaining presumed active therapeutic ingredients. For example, relaxation may be a presumed therapeutic intervention but how that is done (progressive muscle relaxation or yoga) may vary by culture.

- What should be adapted? Intervention manual, handouts, training

- Cultural adaptation vs. improvement of generic manual
PM+ Adaptations at CVT-Ethiopia

Liyam Eloul
Frezezi Gebrekrystos
Timeline

• May, 2018: Translate Appendix G
  – Reviewed with Frezgi
• May 2018: Training
  – Appendix G handouts
• August 2018-December 2018: PM+ Practicum
  – Demonstration, role plays, discussion, feedback collected
• November 2018: Full manual translation
• December 2018: Translation review and revision
  – Frezgi will review for concept clarity and contextual appropriateness
  – Will including feedback from practicum sessions
• November 2018-December 2018: Pilot cases
  – Frezgi will see clients, make any further adjustments necessary
• January 2019: Partial roll out
  – Clinical staff who are ready will start applying PM+ under Frezgi’s supervision
  – Clinical staff who continue to need guidance will receive ongoing practicum
• June 2019: Full roll out
  – All clinical staff will be able to apply PM+, advanced staff trained as supervisors
Service System

• Clients receive general CVT intake
• Severe clients allocated to SOT/GBV group or acute individual counseling
• Moderate clients allocated to PSS group or PM+
  – If in PM+, given PSYCHLOPS in initial session
• If a client in PM+ escalates or is discovered to require more intensive services, counselor integrates acute individual sessions or refers for psychiatric assessment
Adaptation

• No significant changes to the intervention have been required so far

• Challenges for staff:
  – Session 2:
    • Selecting a solvable, practical problem
    • Clearly defining the problem
  – Session 3:
    • Breaking down activities into manageable steps
  – General:
    • Utilizing forms and worksheets with low-literacy clients
Strategies

• Role play (demonstration and practice)
  – Triads: Clinician can practice
    1. How to help the client define their problem
    2. As a client what is helpful in defining their problem and why it is challenging if the problem is not appropriately defined
    3. As an observer, what could be done to better help define the problem; where are the sticking points for the clinician/client

• Discussion
• Peer guidance
• Visual explanations
  – E.g., stairs
• Utilizing symbols and drawings
Feedback

• Clinicians very pleased with the intervention
  – Appropriate to the client needs
  – Feasible in practice
  – Utilizes their existing skill set in a new way

• No major changes required so far
  – Adaptation of activities and role plays in training manual to fit our context

• Will continue to collect feedback as active cases are piloted with clients
Questions?
Manejando tus problemas
Ayuda psicológica individual para adultos

Una adaptación del manual original realizada para la implementación de la intervención en la Cruz Roja Colombiana Seccional Arauca - Grupo de Apoyo Saravena en el marco de un estudio sobre la viabilidad de la intervención en el contexto del Movimiento de la Cruz Roja y de la Media Luna Roja.
IFRC COLOMBIA
<table>
<thead>
<tr>
<th>Lluvia de ideas</th>
<th>Think of Ideas</th>
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<tr>
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<td>Choose Ideas</td>
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<td>Plan de acción</td>
<td>Action Plan</td>
</tr>
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PLEASE CONTACT CAMILA @ CAPER@RODEKORS.DK
DISCUSSION

What are some of the challenges that you are having adapting the generic manual?