



MOTHERS AND BABIES

Adaptation Guidance

Mothers and Babies is an Evidence Based Intervention – what does that mean?

An Evidence Based Intervention is one that has been shown, in controlled research studies, to be effective in changing health outcomes. Mothers and Babies (MB) is an Evidence Based Intervention that has been shown in multiple research studies to be effective in reducing depressive symptoms and preventing the onset of new cases of postpartum depression. While its effectiveness has been researched in controlled settings, the intervention is meant to be used in the real world. MB is implemented in a variety of health and human service settings, such as home visiting agencies and public health departments, and should be done so with as much fidelity as possible.

What is fidelity?

Fidelity refers to delivering the intervention in the same way that it was delivered during the controlled research studies. However, in real world settings this is not always possible or advisable. Therefore, adaptations should be considered.

What is adaptation?

Adaptation is a process of making changes to an Evidence Based Intervention to make it more suitable for a particular population or organizational structure. Adaptation can enhance relevance of the program for participants, and allow service providers to have more ownership over the content. However, in order to have a 'fidelity-consistent' adaptation, core components of the intervention must be maintained. These core components include;

- Content – WHAT is being taught, specifically the knowledge and skills that are addressed throughout the intervention
 - » For example, throughout the MB curriculum, the Quick Mood Scale is used to help participants track their mood over time. While the Quick Mood Scale itself could be traded out for a different tracking tool, it is critical that participants learn this important skill of tracking their mood
- Pedagogy – HOW the program is taught, what strategies or interactions contribute to the intervention's effectiveness
 - » For example, we know that MB is efficacious due to its basis in cognitive behavioral therapy (CBT), Attachment Theory and psychoeducation. Therefore, understanding and maintaining these key principals is crucial. It is important that the modules of Pleasant Activities, Thoughts and Contact with Others are maintained.
- Implementation – the logistics that are crucial to learning
 - » For example, MB is designed in such a way that concepts build upon one another. Therefore, it is important to maintain the sequence of the sessions.

Some adaptations are safe and easy to make, while others could potentially compromise or inhibit MBs core components. Therefore, adaptations have been categorized into green-, yellow- and red-light adaptations.

- **GREEN LIGHT** Adaptations – safe, encouraged and fidelity-consistent, made to better fit the culture and context of the program or agency, and the participants
- **YELLOW LIGHT** Adaptations – changes that should be made with caution, consulting an expert in the curriculum is highly encouraged before doing so. An expert could be the person who trained you on Mothers and Babies, or the Mothers and Babies team at Northwestern
- **RED LIGHT** Adaptations – changes that should not be made as they compromise or inhibit the key components of the intervention and thus, compromise the fidelity and ability for the intervention to be effective

The following table offers some guidance as to what adaptations can be made safely to the MB intervention. These are only some of the possible adaptations that can be made and this list is by no means exhaustive. Again, consult an expert if you plan to make an adaptation and you're not sure if it is a 'green light' adaptation.

ADAPTATION	EXPLANATION	EXAMPLE
<p>GREEN LIGHT Tailor activity or example to participant's culture and/or context</p>	<p>Tailoring to your participant's culture and/or context allows for the curriculum to further resonate with them - this is strongly encouraged and the list of examples is not exhaustive</p>	<p>Swap out an example on the Pleasant Activities list (Worksheet 2.2) for something that is more relevant for your context (i.e. replace getting a manicure with painting nails at home with daughter)</p> <p>Adapt language for parents with older children</p> <p>Alter "Thinking About Your Baby's Future" (Worksheet 6.2) by selecting a more manageable time frame such as 6 months rather than 5 years</p> <p>Bring your expertise to the curriculum - i.e. if you attended a training on trauma-informed practice and have a participant who has experienced trauma, you can bring this knowledge to MB</p>
<p>GREEN LIGHT Use a different approach to explain or complete an activity</p>	<p>Explain the same concept or complete the same activity using a different learning modality other than a worksheet can be helpful for participant's understanding</p>	<p>Use an app, emojis, or colors in place of the Quick Mood Scale to help participant track their mood</p> <p>Participant may use a journal instead of the corresponding MB worksheets to track mood, plan pleasant activities, etc...</p>

ADAPTATION	EXPLANATION	EXAMPLE
<p>GREEN LIGHT Alter amount of time spent on a specific topic</p>	<p>Spend more or less time on a topic or activity depending on participant’s familiarity or comfortability with the content</p>	<p>Spend more time identifying social supports with participant if they are having trouble doing so on their own</p>
<p>YELLOW LIGHT Split a session over two visits</p>	<p>If you run out of time, or a participant needs more ‘bite size pieces’, you may want to split a session into two components – this is fine as long as you are mindful about where you split the session – do not stop in the middle of a topic or key learning goal</p>	<p>You spend more time going over the Mary and Violette vignette than you anticipated and your participant must go to another appointment. You decide to stop the session but first, you finish the topic that you are on, and you move on to the next topic at your next visit.</p>
<p>YELLOW LIGHT Deliver the content in another language</p>	<p>English may not be the language of greatest comfort for a client, and they may need the content delivered in a different language. It is important that the meaning and theoretical underpinnings of the curriculum are maintained.</p> <p>We want EVERYONE to be able to receive Mothers and Babies regardless of language - we offer a few tips here when delivering in another language or working with an interpreter.</p>	<p>Offer curriculum content in a different language other than English or Spanish - while doing so ensure that meaning is maintained</p> <p>TIPS: Consider the language surrounding mental health and mood, particularly if the language of delivery is not native to you</p> <p>If working with an interpreter; focus on key topics, do not get lost in the script, and have the interpreter review the materials ahead of time</p>

ADAPTATION	EXPLANATION	EXAMPLE
<p>YELLOW LIGHT Alter the order of modules</p>	<p>The sessions throughout the MB course build upon one another, and they must be delivered in order. Similarly, the MB modules of Pleasant Activities, Thoughts, and Contact with Others, have been intentionally ordered. Diverting from this order must be done very purposefully.</p>	<p>The introductory session should always be delivered first, and session and topic order within each module should not be altered. Strong rationale for delivering the thoughts module first could include but is not limited to: noticing that a client struggles with unhelpful thoughts to an extent to which the thoughts inhibit engagement with any activities.</p>
<p>RED LIGHT Skip an entire session or topic</p>	<p>All sessions and topics are included in the curriculum for a reason</p>	<p>Remove the entire section on the social support circle</p>
<p>RED LIGHT Modifying underlying theoretical approach</p>	<p>The theoretical underpinnings of MB are critical to its effectiveness in reducing and preventing depressive symptoms</p>	<p>Remove all attachment components from curriculum</p>
<p>RED LIGHT Staff who are not trained in MB deliver the curriculum</p>	<p>Staff should be trained in MB in order to deliver the intervention</p>	<p>Deliver MB with manuals printed from the website without being trained</p>