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| **Evaluating Prospective Adaptations to a Treatment** |

1. Tailoring/tweaking/refining: Changing the intervention that leaves all of the major principles and techniques intact (e.g. modifying language, creating somewhat different versions of handouts or homework assignments, cultural adaptations)
2. Integrating the intervention into another framework: Using another treatment approach as the starting point, but elements of the intervention are brought into the treatment (e.g. selecting particular intervention elements or modules to use in the context of another treatment).
3. Integrating another treatment into the intervention: Using the intervention as the starting point, but also using aspects of different therapeutic approaches or interventions the treatment
4. Removing/skipping core modules or components: Dropping particular elements of the intervention
5. Lengthening/extending session time: Spending a longer amount of session time than what is prescribed by the intervention
6. Shortening/condensing session time: Spending a shorter amount of session time than what is prescribed by the intervention
7. Lengthening/extending number of weeks: Extending the number of weeks than what is prescribed by the intervention.
8. Shortening/condensing number of weeks: Shortening the number of weeks than what is prescribed by the intervention.
9. Adjusting the order of intervention modules or segments: Presenting the intervention modules or concepts in a different order than originally described in the manual. *Note:* some interventions provide flexibility around the order of modules.
10. Adding modules: Inserting additional distinct materials or areas of focus consistent with the fundamentals of the intervention. *Note:* This differs from integration in that this is adding a distinct/discrete element/focus rather than weaving in other interventions or techniques.
11. Not using/departing from the intervention (“drift”): Not using the intervention in a particular situation or stopping the intervention altogether (e.g. stopping the intervention for a client who does not appear receptive to it). Note: stoppage decisions may be consistent with the intervention (e.g. instituting intervention-consistent emergency procedures in the face of a clinical crisis).
12. Loosening structure: Not structuring a session as prescribed by the intervention (e.g., not using a formal structure but still use the intervention throughout the session or allowing for a brief period of off-topic discussion or processing.).
13. Repeating elements or modules: Using a module or element of the intervention more than what is typically prescribed by the intervention.
14. Substituting elements or modules: Replacing a module or element of the intervention with something that is different in substance.
15. Setting: Delivering the intervention in a different setting (e.g. a treatment originally designed to be used in a mental health setting that is now delivered at a school)
16. Personnel: Delivering the intervention by different personnel (e.g. an intervention that is originally designed to be administered by a psychologist that is now delivered by a peer)
17. Format: Changing the format of intervention delivery (e.g. an intervention originally designed to be used one-on-one that is now delivered in a group format)
18. Population: An intervention that was specifically developed to target a particular population that is will be delivered to a different population than originally intended (e.g., if an intervention developed for children with disruptive behavior will be delivered to children with ASD.

**Evaluating Prospective Adaptations to the Treatment**

When adapting a research-based treatment you are considering adopting and implementing at your agency, it is important to consider and anticipate the types of adaptations you will be making to the treatment. The checklist below is a series of questions about potential adaptations to the treatment you are considering in order to make well-informed decisions for your *Treatment Adaptation Plan*.

In the broadest sense, adaptations can include modifications to the:

* *Content*: How components of the treatment are delivered.
* *Context*: How the overall treatment is delivered.

**Gather treatment resources to assist in considering what potential adaptations may be needed.** Treatment resources may include treatment manuals, materials, and information about treatment implementation. The *Instructions for Identifying and Selecting ASD Treatments* provides guidance on how to access many of these resources.

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***Do you anticipate making the following content adaptations to the intervention you are considering at your agency:***

1. Tailoring/tweaking/refining the intervention (e.g., changing terminology or language, modifying worksheets in minor ways)?
2. Integrating components of the intervention into another framework (e.g., selecting elements to use but not using whole protocol)?
3. Integrating another treatment into the intervention (e.g., integrating other techniques into the intervention)
4. Removing/skipping core modules or components of the intervention?
5. Lengthening/extending session time?
6. Shortening/condensing session time?
7. Lengthening/extending number of weeks?
8. Shortening/condensing number of weeks?
9. Adjusting the order of intervention modules, topics, or segments?
10. Adding modules or topics to the intervention?
11. Not using/departing from the intervention to use something else for part of the session or not using the intervention altogether?
12. Loosening the session structure?
13. Repeating elements or modules (e.g., repeating a concept or activity covered in a previous session that was not intended for another session)?
14. Substituting elements or modules?

***Do you anticipate making the following context adaptations to the intervention you are***

***considering at your agency:***

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1. Changing the setting (e.g., delivering an intervention in a school rather than clinic)?
2. Changing who delivers the intervention (e.g., a peer instead of a clinician)?
3. Changing the format by which the treatment is delivered (e.g., offering an individual treatment in a group or telephone format)?
4. Changing the target population for the intervention (e.g., an intervention intended to treat children with disruptive behavior will be used to treat children with ASD).