ADAPTATION FORM
Request to Adapt an Evidence-Based Program (EBP)

SECTION 1. BASIC INFORMATION

Name _____ **Organization** _____

Phone _____ **Email** _____ **Date** _____

Name of EBP _____

Type of Request

☐ New Request—Complete **Section 2: Details** and **Section 3: Attachments**.

☐ Revision (Changes to an approved adaptation)—*Last approval date:* _____
Complete **Section 2: Details** and **Section 3: Attachments**.

☐ Renewal (No changes)—*Last approval date:* _____
Complete **Section 3: Attachments** only.

☐ Not applicable—No adaptation will be made to the EBP. (*No further sections are required.*)

SECTION 2. DETAILS OF THE REQUEST

Please indicate the proposed changes in Column A and complete Columns B and C accordingly. For reference, general adaptation guidelines are included in the appendix to this form.

No.	Area	Check (A)	Original (B)	Proposed Change (C)
1.	Prevention/Behavior focus	☐		
2.	Participant Characteristics	☐		
3.	Staff Training	☐		
4.	Implementer qualifications	☐		
5.	Staffing ratio	☐		
6.	Setting and delivery timing	☐		
7.	Dosage (e.g., number, frequency, and length of sessions)	☐		
8.	Duration (i.e., overall program's length in days, weeks, or months)	☐		
9.	Method of implementation (e.g., in-person, web-based, mobile-based, virtual synchronous/asynchronous, hybrid)	☐		
10.	Core content	☐		
11.	Non-essential content	☐		

No.	Area	Check (A)	Original (B)	Proposed Change (C)
12.	Sequence of topics/content delivered	☐		
13.	Activities and interactions	☐		
14.	Skills targeted	☐		
15.	Cultural focus (e.g., cultural norms, values, language, beliefs)	☐		
16.	Social support/Community involvement	☐		
17.	Other, specify: _____	☐		

D. Please provide justification for the proposed change(s).

E. Which of the following best describes how the core components were identified?
☐ Identified in the program materials
☐ Identified by the program developer
☐ Identified by study evidence and data
☐ Not applicable (not identified yet)
☐ Other, specify: _____

E. What are the core components of the program? (e.g., content, process, structure, implementation)

F. Please assess the extent to which the proposed change(s) will affect the success of the program.

G. Did you consult with the program developer about your proposed change(s)? If so, what were their comments?

H. Did you consult with your evaluator about your proposed change(s)? If so, what were their comments?

I. Did you consult with specialists (local or otherwise) or conduct field testing with your target population regarding any of the proposed changes? If so, please summarize the feedback received or describe the results of the consultation or testing.

J.   Other comments.

PART 3: ATTACHMENTS

In the space below, list all supporting documents for this adaptation request. Be sure to submit all listed materials with your request.

Examples include: correspondence with developers, evaluators, or other consultants; relevant literature; field testing results; or any other materials that support this request.

New Requests: Include all supporting documents.

Revised Requests: Include documents related to the revision, plus a copy of your previously submitted request, its supporting documents, and the approval received (e.g., email or other correspondence from ADAD).

Renewal requests: Include a copy of your previously submitted request and supporting documents, along with the approval received (e.g., email or other correspondence from ADAD).

Appendix: **ADAPTATION GUIDELINES**[1]

Reminders on program selection:

- **Select programs with the best practical fit to local needs and conditions.**
  This will reduce the likelihood that you will need to make any significant adaptations.

- **Select programs with the largest effect size.**
  In general, a program with a large effect size is less likely to experience a reduction in their intended outcomes due to an adaptation, compared to a similar program with a smaller effect size.

General guidelines to follow when adapting a program:

- **Retain core components.**
  Evidence-based programs are more likely to be effective when their core components are maintained. Core components are those parts of a program or practice that are responsible for producing positive outcomes, and thus most essential and indispensable. Core components are like the key ingredients in a cookie recipe. We might be able to take out the chocolate chips, but if we take out the flour—a core component—the recipe won't work. However, understanding and adhering to the principles underlying each core component may allow for flexibility.

- **Be consistent with evidence-based principles.**
  There is a greater likelihood of success if an adaptation does not violate an established evidence-based prevention principle.

- **Build capacity before changing the program.**
  Rather than change a program to fit local conditions, consider ways to develop resources or to build local readiness so that it can be delivered as it was originally designed.

- **Add rather than subtract.**
  Doing so decreases the likelihood of important program elements (i.e., those that are critical to program effectiveness) getting lost.

- **Adapt with care.**
  Even when programs and practices are selected with great care, there may be ways to improve their appropriateness for a unique focus population. Cultural adaptation, for example, refers to modifications that are tailored to the beliefs and practices of a particular group and enhance the cultural relevance of an intervention. To make a program or practice more culturally appropriate, consider the language, values, attitudes, beliefs, and experiences of focus population members.

- **If adapting, get help.**
  Knowledge experts, such as program developers, can provide information on how a program has been adapted in the past, how well these adaptations have worked, and what core components should be retained to maintain effectiveness. Members of the focus population can also suggest ways to enhance program materials or messaging to better reflect their concerns and experiences.

- **Increase accessibility.**
  Adapt program materials and delivery methods to accommodate diverse learning styles, literacy levels, language backgrounds, physical accessibility requirements, and digital access.

- **Train staff and test adapted materials.**
  Provide formal training to ensure that staff are equipped to deliver the adapted content and consistently adhere to the modified methods of delivery with fidelity.

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[1] This implementation tool—Adaptation Guideline—was initially created based on the 2013 document published by the Substance Abuse and Mental Health Services Administration (SAMHSA, 2013), which was subsequently replaced by the 2019 version. Although the original source is no longer accessible online, it continued to serve as a foundational reference for the development of this tool. The current version mainly borrowed guidelines from the following SAMHSA resources:

- Substance Abuse and Mental Health Services Administration (SAMHSA). (2019). *A Guide to SAMHSA's Strategic Prevention Framework: Implementation Program Fidelity. Step 4: Implementation* (pp. 20–22). Retrieved from https://library.samhsa.gov/sites/default/files/strategic-prevention-framework-pep19-01.pdf
- Substance Abuse and Mental Health Services Administration (SAMHSA). (2022). *Adapting Evidence-Based Practices for Under-Resourced Populations* (SAMHSA Publication No. PEP22-06-02-004, pp. 15, 20–21). Retrieved from https://helpandhopewv.org/docs/PEP22-06-02-004.pdf