

Adapting a Depression Self-care Intervention Integrating the Method for Program Adaptation through Community Engagement (M-PACE) and 8 Common Steps Frameworks

Background: Intervention adaptation is more resource efficient than development, however, adaptation needs to be theoretically and empirically driven to avoid changing the intervention in ways that result in failure to reproduce initial effect.

Objective: To adapt a previously tested self-care depression toolkit for adults with chronic conditions to include a caregiver role.

Methods: Two frameworks informed the adaptation: 1) M-PACE, which provides detail on operationalization and reflects patient-oriented research, and 2) a scoping review that identified 8 commonly used steps. A steering committee of 10 end users used three criteria to adjudicate on proposed changes generated from two systematic reviews, theory, and interviews with stakeholders (n = 21).

Results: Strengths of the adaptation process included tools to establish an agreed upon decision-making method (proposed changes were retained based on a 75% supermajority of committee members), specific predetermined adjudication criteria, and surveys to identify proposed changes reaching a high level of (dis)agreement among members to streamline discussion during meetings. Challenges included balancing time efficiency with space for dialogue, whether minor changes required committee input, providing avenues for dissent (facilitating disagreement), availability of clinicians, and integrating incongruent feedback.

Conclusion: In detailing this evidence-informed adaptation process, we aim to support the growing work seeking to identify best-practices for intervention adaptation and outline notable lessons learned.

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