

## Appendix B UW ALACRITY Center DDBT Intake

### DDBT Intake Rubric

This document is intended to be used with UWAC projects (R34, R03) and other projects applying the DDBT framework to specify the DDBT methods and data elements that will be included. Please note that all measures and articles discussed in the intake rubric are available on the ALACRITY site under “[Resources](#).” If you experience difficulty finding or accessing these materials, you can email [bmoss@uw.edu](mailto:bmoss@uw.edu) to request them. We recommend that project leads first complete this document independently, as much as possible, and then bring their responses to a meeting with the UWAC Methods Core for additional conversation, clarification, and mentorship.

1. What is the existing evidence-based program, practice, or implementation strategy that will be redesigned in this project? (If you are primarily redesigning an intervention program or practice, consider whether you will be redesigning any aspects of accompanying implementation strategies. Similarly, if you are primarily redesigning an implementation strategy, consider whether any redesign of the intervention program or practice will occur.)

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2. How does this project define the “destination context” that it will be studying (i.e., the setting for which the program, practice, or strategy listed above is being redesigned)? Destination context may be operationalized based on some combination of place (e.g., rural primary care clinics), organization (e.g., Kaiser Permanente behavioral health), professional roles (e.g., bachelors-level service providers), etc.

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3. Who are the primary (and secondary) users for the selected program, practice, or strategy?
  - a. Service providers / front-line personnel (e.g., clinicians, case managers, teachers, etc.)
    - i. Describe: \_\_\_\_\_
  - b. Service recipients (e.g., patients, clients, students)
    - i. Describe: \_\_\_\_\_
  - c. Implementation practitioners / intermediaries / instructors / consultants (i.e., the professionals who deliver any selected implementation strategies)
    - i. Describe: \_\_\_\_\_

- d. Administrators or supervisors
  - i. Describe: \_\_\_\_\_
- e. Other: \_\_\_\_\_

4. Are there any a priori decisions (or assumptions) about the redesign solution that have already been made (e.g., that a design solution is digital; that specific therapeutic program, practices, or strategy elements to be included / excluded)? Research plans should make explicit if/how they will test those assumptions as the research progresses.

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**DISCOVER**

The Discover phase of the DDBT framework focuses on evaluating both (1) aspects of the intended destination context that will inform the redesign of the program, practice, or strategy, as well as (2) the original/unadapted program, practice, or strategy to identify design issues that may need to be addressed in the subsequent redesign effort. However, different projects may differentially emphasize #1 and #2.

- 5. Is the project focusing (in part or in full) on the DISCOVER phase of the DDBT framework? Even if some a priori decisions have been made about the anticipated redesign solution (see #4 above), it is common that some DISCOVER phase work will still need to occur.
  - a. No (skip to #12)
  - b. Yes (continue below)
- 6. What aspects of the destination context (see #2 above) will be evaluated in the DISCOVER phase (check all that apply)?
  - a. Tasks and workflows
    - i. Briefly describe: \_\_\_\_\_
  - b. Existing clinical practices / psychosocial intervention technologies
    - i. Briefly describe: \_\_\_\_\_
  - c. Existing implementation strategies or supports
    - i. Briefly describe: \_\_\_\_\_
  - d. Existing digital technologies
    - i. Briefly describe: \_\_\_\_\_
  - e. User (e.g., clinician, client) values and other characteristics (e.g., experience, training background)

- i. Briefly describe: \_\_\_\_\_
  - f. Other: \_\_\_\_\_
- 7. What qualitative and quantitative methods will be used to evaluate each aspect of the destination context selected above in the DISCOVER phase? (Note that observational methods are often superior to interview or focus group methods, though the strongest discovery phases will triangulate different types of data)
   
\_\_\_\_\_
   
\_\_\_\_\_
   
\_\_\_\_\_
- 8. What aspects of the original program, practice, or strategy will be evaluated in the DISCOVER phase (check all that apply)?
  - a. Content elements (Discrete techniques or strategies used in during direct interactions)
  - b. Structures (Processes that guide the dynamic selection, organization, and maintenance of content; such as goal setting, data-driven decision making, or structured algorithms)
  - c. Artifacts (Tangible, digital, or visual materials that exist to support task completion)
  - d. Parameters (Static properties that define and constrain the program, practice, or strategy “space,” such as content sequencing, modality, language, dosage)
  - e. Other: \_\_\_\_\_
- 9. What, if any, are the known or anticipated usability issues as you adapt the original program, practice, or strategy to the selected context? (outline below based on findings from UWAC’s initial iteration; see Munson et al., 2022<sup>2</sup>)
  - a. Complex or cognitively overwhelming: The intervention or implementation strategy is too overwhelming to the user or the interventionist
  - b. Required time exceeds the available time: The intervention or implementation strategy demands more time than is available
  - c. Incompatibility with interventionist preference or practice: The intervention or implementation strategy is not compatible with how the interventionist prefers—or has been trained—to work and deliver interventions
  - d. Incompatibility with existing workflow: The intervention or implementation strategy is not compatible with the interventionists’ existing workflows.
  - e. Insufficient customization to clients or recipients: The intervention or implementation strategy cannot be tailored to client/recipient needs or does not provide enough guidance for interventionists and clients/recipients to customize it

- f. Intervention buy-in (value): Intervention or implementation strategy does not sufficiently build client/recipient buy-in for its value
  - g. Interventionist buy-in (trust): The intervention or implementation strategy does not build the client's/recipient's trust in the interventionist
  - h. Overreliance on technology: Intervention or implementation strategy relies on technology that creates barriers for some clinicians or recipients or that is not available to all clients or recipients
  - i. Requires unavailable infrastructure: Intervention or implementation strategy requires physical, systemic, or organizational infrastructures that are not available
  - j. Inadequate scaffolding for client/recipient: This involves a lack of preparation and support for the client/recipient. The intervention or implementation strategy lacks support for the client/recipient to understand and succeed in the required activities of the intervention
  - k. Inadequate training and scaffolding for interventionists: The intervention or implementation strategy's training and scaffolding do not provide enough initial and/or ongoing support to deliver the invention as designed or to know how to respond to emergent challenges
  - l. Lack of support for necessary communication: The intervention or implementation strategy requires but does not sufficiently facilitate communication between interventionist and client/recipient.
  - m. Other: \_\_\_\_\_
10. What methods will be used to evaluate the usability of the original program, practice, or strategy in the DISCOVER stage? (check all that apply) (see Lyon et al., 2020<sup>25</sup> for more info)
- a. Quantitative instruments (e.g., Intervention Usability Scale<sup>15</sup>)
  - b. Heuristic evaluation checklist (e.g., Heuristic Evaluation Rubric for EBPIs<sup>26</sup>) - completed by design team
  - c. Cognitive Walkthroughs (with anticipated success ratings, qualitative feedback and anticipated errors)
  - d. Task-based, scenario-driven testing
  - e. In-vivo / naturalistic observation of the innovation (observing typical use of an existing innovation to identify common questions that arise for users [e.g., tracking the most common implementation problems discussed in clinical supervision or the most common questions brought to a "help desk"])

Please list any standardized measures or scales you plan to collect as part of the methods in the DISCOVER stage:

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11. Which users will participate in the in the DISCOVER phase evaluation(s) selected above?  
(see Participant Identification handout [pasted below] for additional guidance)

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**Table 1. EBPI Usability Test Participant Identification Process**



1. Generate preliminary user list	<ul style="list-style-type: none"> <li>• Generate an overly-inclusive list</li> <li>• Consider individuals in different roles</li> </ul>
2. Articulate most relevant user characteristics	<ul style="list-style-type: none"> <li>• Personal characteristics</li> <li>• Task-related characteristics</li> <li>• Geographic/social/setting characteristics</li> </ul>
3. Describe and prioritize main user groups	<ul style="list-style-type: none"> <li>• Articulate primary, secondary, and negative (i.e., non-) users</li> </ul>
4. Select typical and representative users for testing	<ul style="list-style-type: none"> <li>• Sample into user subtype strata</li> <li>• Recruit ~6-20 users per test</li> </ul>

**DESIGN/BUILD**

The Design/Build phase of the DDBT framework is dedicated to the iterative development and small-scale testing of the program, practice, or strategy to improve its usability and contextual appropriateness in the destination context.

- 12. Is the project focusing (in part or in full) on the **DESIGN/BUILD** phase of the DDBT framework?
  - a. No (skip to #21)
  - b. Yes (continue below)

- 13. If your proposed project **STARTS** at the Design/Build phase, we assume you have completed the necessary Discovery work. Please describe here (a) what methods you used for your Discovery work, (b) the outcomes of the work, and (c) the degree to which Discovery findings were driven by observations and interactions with end-users and the destination context.

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- 14. If your proposed project **includes BOTH the Discovery and Design/Build phases**, we encourage you to think through how some hypothetical outcomes of the Discovery phase would influence the design choices you will make in the Design/Build phase. This activity can help ensure that Discovery phase activities are designed to answer the most critical questions.

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- 15. Are there any a priori redesign decisions / modifications planned for the **DESIGN/BUILD** phase, based on existing knowledge / research findings?
  - a. No (skip to #18)
  - b. Yes (continue below)

- 16. Which aspects of the content, structures, or artifacts of the program, practice, or strategy do you anticipate redesigning during the **DESIGN/BUILD** phase (see Wiltsey Stirman et al., 2019<sup>23</sup> and Miller et al., 2021<sup>6</sup>)?
  - a. Tailoring/tweaking/refining
  - b. Adding elements
  - c. Removing/skipping elements
  - d. Shortening/condensing/simplifying
  - e. Lengthening/extending

- f. Substituting
  - g. Reordering models or segments
  - h. Integrating the program, practice, strategy into another framework
  - i. Integrating another intervention or strategy into the selected program practice or strategy
  - j. Repeating elements or modules
  - k. Loosening structure
  - l. Departing from the program, practice, or strategy (“drift”)
  - m. Other:
17. Which aspects of the parameters of the program, practice, or strategy do you anticipate redesigning during the DESIGN/BUILD phase (see Wiltsey Stirman et al., 2019<sup>23</sup> and Miller et al., 2021<sup>6</sup>)? (Recall that parameters are static properties that define and constrain the program, practice, or strategy intervention or service “space,” such as content sequencing, modality, language, dosage)
- a. Format (including digitization)
  - b. Setting
  - c. Personnel
  - d. Other:
18. Which methods will be used to evaluate iterative versions of the program, practice, or strategy in the DESIGN/BUILD phase? (check all that apply) (see Lyon et al., 2020<sup>25</sup> for more info)
- a. Quantitative instruments (e.g., Intervention Usability Scale<sup>15</sup>)
  - b. Heuristic evaluation checklist (e.g., Heuristic Evaluation Rubric for EBPIs<sup>26</sup>) - completed by design team
  - c. Cognitive Walkthroughs (with anticipated success ratings, qualitative feedback and anticipated errors)
  - d. Task-based, scenario-driven testing
  - e. Other:
19. Please list any standardized measures or scales you plan to collect as part of the methods in the DESIGN/BUILD stage:
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20. Which users will participate in the in the DESIGN/BUILD evaluation(s) selected above? (see Participant Identification handout [pasted below] for additional guidance)
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**Table 1. EBPI Usability Test Participant Identification Process**

↓	1. Generate preliminary user list	<ul style="list-style-type: none"> <li>• Generate an overly-inclusive list</li> <li>• Consider individuals in different roles</li> </ul>
	2. Articulate most relevant user characteristics	<ul style="list-style-type: none"> <li>• Personal characteristics</li> <li>• Task-related characteristics</li> <li>• Geographic/social/setting characteristics</li> </ul>
	3. Describe and prioritize main user groups	<ul style="list-style-type: none"> <li>• Articulate primary, secondary, and negative (i.e., non-) users</li> </ul>
	4. Select typical and representative users for testing	<ul style="list-style-type: none"> <li>• Sample into user subtype strata</li> <li>• Recruit ~6-20 users per test</li> </ul>

21. Who is your development team for your redesigned innovation? What skills do you anticipate will be necessary to build your redesigned innovation? Redesign teams may need expertise in design processes, development (e.g., of curricula, technologies, etc.), as well as the destination context.

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## TEST

The Test phase is focused on evaluating the feasibility (“actual fit”) of the redesigned, program, practice, or strategy in the intended destination context. Although patient outcomes may be collected, the intent of Test phase evaluation is not to determine clinical efficacy but rather the match of the tools to the intended environment and problem(s) that it seeks to address.

22. Is the project focusing (in part or in full) on the **TEST** phase of the DDBT framework?
- No (your intake form is complete)
  - Yes (continue below)
23. **Projects that START at the TEST phase** typically will have completed the necessary Discovery and/or Design/Build work. Please describe here (a) what methods you used for your Discovery and Design/Build work, (b) the outcomes of the work, and (c) the degree to which Discovery and Design/Build findings were driven by observations and interactions with end-users and the destination context.

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24. If your proposed project includes the Discovery and/or Design/Build phases, we encourage you to think through how some hypothetical outcomes of those phases would help you determine whether you are ready to proceed to the TEST phase or influence the redesign choices you will make in the TEST phase. This activity can help ensure that earlier phase activities are designed to answer the most critical questions.

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25. Which methods will be used to evaluate the redesigned program, practice, or strategy in the TEST phase? (check all that apply) (see Lyon et al., 2020<sup>25</sup> for more info)

- a. Quantitative instruments (e.g., Intervention Usability Scale<sup>15</sup>)
- b. Heuristic evaluation checklist (e.g., Heuristic Evaluation Rubric for EBPIs<sup>26</sup>) - completed by design team
- c. Cognitive Walkthroughs (with anticipated success ratings, qualitative feedback and anticipated errors)
- d. Task-based, scenario-driven testing
- e. Extended/in vivo user testing or observation
- f. Other: \_\_\_\_\_

26. Which DDBT mechanisms will you assess in the TEST phase, and which instruments or data will you use?

- a. Usability. Instrument or data: \_\_\_\_\_
- b. Appropriateness. Instrument or data: \_\_\_\_\_
- c. Engagement. Instrument or data: \_\_\_\_\_

27. Which implementation outcomes will you assess in the TEST phase, and which instruments or data will you use?

- a. Adoption. Instrument or data: \_\_\_\_\_
- b. Fidelity. Instrument or data: \_\_\_\_\_
- c. Reactive Adaptation. Instrument or data: \_\_\_\_\_
- d. Penetration. Instrument or data: \_\_\_\_\_
- e. Sustainment. Instrument or data: \_\_\_\_\_
- f. Cost. Instrument or data: \_\_\_\_\_
- g. Other: \_\_\_\_\_

28. Which client reported outcomes will you assess in the TEST phase, and which instruments or data will you use? \_\_\_\_\_

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29. Which users will participate in the in the TEST phase evaluation(s) selected above? (see Participant Identification handout for additional guidance)

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**Table 1. EBPI Usability Test Participant Identification Process**



1. Generate preliminary user list	<ul style="list-style-type: none"> <li>• Generate an overly-inclusive list</li> <li>• Consider individuals in different roles</li> </ul>
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4. Select typical and representative users for testing	<ul style="list-style-type: none"> <li>• Sample into user subtype strata</li> <li>• Recruit ~6-20 users per test</li> </ul>

30. Do you have committed partners who represent the destination context for the TEST phase?

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