

PROCESS

WHEN did the modification occur?

- Pre-implementation/planning/pilot
- Implementation
- Scale up
- Maintenance/Sustainment

Were adaptations planned?

- Planned/Proactive (proactive adaptation)
- Planned/Reactive (reactive adaptation)
- Unplanned/Reactive (modification)

WHO participated in the decision to modify?

- Political leaders
- Program Leader
- Funder
- Administrator
- Program manager
- Intervention developer/purveyor
- Researcher
- Treatment/Intervention team
- Individual Practitioners (those who deliver it)
- Community members
- Recipients

Optional: Indicate who made the ultimate decision.

WHAT is modified?

Content
 - Modifications made to content itself, or that impact how aspects of the treatment are delivered

Contextual
 - Modifications made to the way the overall treatment is delivered

Training and Evaluation
 - Modifications made to the way that staff are trained in or how the intervention is evaluated

Implementation and scale-up

- Modifications to the strategies used to implement or spread the intervention
- (See also FRAME-IS; Miller et al., 2021; <https://implementationscience.biomedcentral.com/articles/10.1186/s13012-021-01105-3#Sec22> for detailed documentation framework)

At what LEVEL OF DELIVERY (for whom/what is the modification made ?)

- Individual
- Target Intervention Group
- Cohort/individuals that share a particular characteristic
- Individual practitioner
- Clinic/unit level
- Organization
- Network System/Community

Contextual modifications are made to which of the following?

- Format
- Setting
- Personnel
- Population

What is the NATURE of the content modification?

- Tailoring/tweaking/refining
- Changes in packaging or materials
- Adding elements
- Removing/skipping elements
- Shortening/condensing (pacing/timing)
- Lengthening/ extending (pacing/timing)
- Substituting
- Reordering of intervention modules or segments
- **Spreading (breaking up session content over multiple sessions)**
- Integrating parts of the intervention into another framework (e.g., selecting elements)
- Integrating another treatment into EBP (not using the whole protocol and integrating other techniques into a general EBP approach)
- Repeating elements or modules
- Loosening structure
- **Departing from the intervention ("drift") followed by a return to protocol within the encounter**
- **Drift from protocol without returning**

Relationship fidelity/core elements?

- Fidelity Consistent/Core elements or functions preserved
- Fidelity Inconsistent/Core elements or functions changed
- Unknown

REASONS

What was the goal?

- Increase reach or engagement
- Increase retention
- Improve feasibility
- Improve fit with recipients
- To address cultural factors
- Improve effectiveness/outcomes
- Reduce cost
- Increase satisfaction
- To reduce disparities or promote equity

SOCIOPOLITICAL

- Existing Laws
- Existing Mandates
- Existing Policies
- Existing Regulations
- Political Climate
- Funding Policies
- Historical Context
- Societal/Cultural Norms
- Funding or Resource Allocation/Availability

ORGANIZATION/SETTING

- Available resources (funds, staffing, technology, space)
- Competing demands or mandates
- Time constraints
- Service structure
- Location/accessibility
- Regulatory/compliance
- Billing constraints
- Social context (culture, climate, leader support)
- Mission
- Cultural or religious norms
- Identified disparities or inequities

PROVIDER

- Race
- Ethnicity
- Sexual/gender identity
- First/spoken languages
- Previous Training and Skills
- Preferences
- Clinical Judgment
- Cultural norms, competency
- Perception of intervention
- Comfort with technology

RECIPIENT

- Race; Ethnicity
- Gender identity
- Sexual Orientation
- Access to resources
- Cognitive capacity
- Physical capacity
- Literacy and education level
- First/spoken languages
- Legal status
- Cultural or religious norms
- Comorbidity/Multimorbidity
- Immigration Status
- Crisis or emergent circumstances
- Motivation and readiness
- Comfort with technology