Describe modification:

**Coding Sheet for the FRAME**

**Check off or circle items below to categorize the modification**

# *WHEN* did the modification occur?

**PROCESS**

* 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.

**SOCIOPOLITICAL**

***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 activities

* **Modifications to the strategies used to implement or spread the intervention**

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

* Individual

**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**
* 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

**Relationship fidelity/core elements?**

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

# What was the goal?

**REASONS**

- Increase reach or engagement

- Increase retention

- Improve feasibility

- Improve fit with recipients

- To address cultural factors

- Improve effectiveness/outcomes

- Reduce cost

- Increase satisfaction

- Existing Laws

- Existing Mandates

- Existing Policies

- Existing Regulations

- Political Climate

- Funding Policies

- Historical Context

- Societal/Cultural Norms

- Funding or Resource Allocation/Availability

- Available resources (funds, staffing, technology, space)

**ORGANIZATION/SETTING**

- Competing demands or mandates

- Time constraints

- Service structure

- Location/accessibility

- Regulatory/compliance

- Billing constraints

- Social context (culture, climate, leadership support)

* Mission
* Cultural or religious norms

- Race

- Ethnicity

- Sexual/gender identity

- First/spoken languages

- Previous Training and Skills

- Preferences

- Clinical Judgement

- Cultural norms, competency

- Perception of intervention

- Race; Ethnicity

**RECIPIENT**

**PROVIDER**

- 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