Modification and Adaptation Checklist

Circle: CPT-C **or** CPT-C-Community
Patient ID:
Provider ID:
Week Number:
Reviewer Name:

COMPLETE ONE OF THESE CHECKLISTS FOR EACH <u>THERAPY VISIT / WEEK</u>

Please check the box next to any modifications or adaptations that you observed during your review of the session (see next page for code definitions).

Type of Modification	Check Here
1. Tailoring/tweaking/refining (e.g., changing terminology or language, modifying worksheets in minor ways) Describe:	
2. Integrating components of the intervention into another framework (e.g., selecting elements to use but not using the whole protocol) Describe:	
3. Integrating another treatment into the EBP (e.g., integrating other techniques into the intervention) Describe:	
4. Removing/skipping core modules or components of the treatment Describe:	
5a Pacing/Timing-Decelerating--Lengthening/extending time spent during therapy visit covering a CPT session	
5b. Pacing/Timing-Decelerating--Lengthening/extending number of weeks	
6a. Pacing/Timing-Accelerating--Shortening/condensing time spent during therapy visit covering a CPT session	
6b. Pacing/Timing-Accelerating--Shortening/condensing number of weeks	
7. Adjusting other order of intervention modules, topics, or segments Describe:	
8. Adding modules or topics to the intervention Describe:	
9. Departing from the protocol starting to use another treatment strategy Describe:	
10. Loosening the session structure Describe:	
11. Repeating elements or modules (e.g., repeating a concept or activity covered in a previous session that was not intended for another session) Describe:	
12. Substituting elements or modules Describe:	

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13. Changing the format (e.g., providing treatment in a group or telephone format; having family member attend a session or complete CPT assignments with patient). Describe:	
14. Other:	
Overall Therapist Approach (Select One)	**Check Here**
This therapist was clearly working from a primarily CPT approach	
This therapist seemed to be mostly using a CPT approach, but seems to purposefully integrate other treatment modalities or interventions into this session (e.g., DBT skills, empty chair technique). DESCRIBE:	
This therapist started using CPT but stopped using CPT or drifted into another approach (e.g., supportive therapy) for large portions of the session. DESCRIBE:	
This therapist seemed to be using another approach for the most part, but integrated elements of CPT. DESCRIBE:	
This therapist did not use any CPT.	

What is the NATURE of the Content modification?

1-Tailoring/tweaking/refining: use this code if the clinician describes a change to the EBP that leaves all of the major EBP principles and techniques intact (e.g. modifying language, creating somewhat different versions of handouts or homework assignments, cultural adaptations).

Note: This will be assigned to most CPT-C-Community session.

2-Integrating EBP into another framework: Use this code if the clinician indicates, or if it is apparent, that another treatment approach is the starting point, but elements of the EBP are brought into the treatment (e.g. selecting particular EBP elements or modules to use in the context of another treatment).

Note:

3-Integrating another treatment into EBP: Use this code if the clinician indicates, or if it is apparent, that the EBP is the starting point, but that they are also using aspects of different therapeutic approaches or EBP's in their treatment (e.g. integrating an empty chair exercise into a standard "CBT for Depression" treatment protocol). To use this code for interview data, the strategy or treatment should be specifically named, and should not be the use of general therapeutic skills (e.g., validation, listening would not be used, but if someone says, "I integrate a more client-centered approach into the EBP", this code could be assigned). Integration of Motivational Interviewing (MI) into a protocol that does not specify MI principles is another common example.

4-Removing/skipping core modules or components: Use this code if the clinician indicates that their baseline or standard treatment is based on the EBP, but notes that they are dropping particular elements of the EBP. Note that this code may be used if interventions (e.g., agenda setting) or modules (e.g., the Cognitive Processing Therapy safety module) are intentionally left out.

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5-Lengthening/extending (pacing/timing): use this code if the clinician reports spending a longer amount of time than prescribed by the manual to complete the EBP or EBP sessions (whether due to changed spacing between sessions, or longer sessions, more sessions, or spending more time on one or more modules or concepts)

Note: This is almost always be coded for Session 1 & 2 of CPT-C-Community.

6-Shortening/condensing (pacing/timing): use this code if the clinician reports spending a shorter amount of time than normal to complete the EBP or EBP sessions (whether due to changed spacing between sessions, or shortening sessions, offering fewer sessions, or going through particular modules or concepts more quickly *without skipping material*.)
* If material is skipped in the context of shortened or abbreviated sessions, then this would qualify as two modifications (both "Removing/skipping" and "Shortening/condensing," e.g. shortening a protocol from 12 to 8 sessions by both condensing material and skipping some materials/interventions entirely).

7-Adjusting the order of EBP modules or segments: use this code if the clinician indicates that they have presented EBP modules or concepts in a different order than originally described in the manual, regardless of the reason (e.g. if the clinician deemed the patient not ready for a particular module, or if the clinician wanted to cover other material that seemed especially relevant to the patient at that time). If the EBP provides flexibility around the order of modules, then this code would not apply.

8-Adding modules: use this code if the clinician indicates that they inserted additional distinct materials or areas of focus consistent with the fundamentals of the EBP (e.g. a therapist doing CBT for depression who adds on a few sessions of CBT for insomnia would be coded here, but adding DBT or mindfulness modules to CBT would be "Integrating another treatment into EBP" above); or modules that are in some way complimentary (e.g., adding psychoed about parenting to an anger management protocol). This differs from integration in that this is adding a distinct/discrete element/focus rather than weaving in other interventions or techniques.

9-Not using/Departing from the EBP ("drift"): Use this code if the clinician indicates either that they would not/did not use the EBP in a particular situation OR that they would stop/stopped using the EBP, whether this stoppage was within a session or a decision to discontinue the treatment altogether (e.g. stopping the EBP for a patient who does not appear receptive to it). Note that this code would not be used if the stoppage/decision not to use an EBP was itself consistent with the EBP (e.g. instituting EBP-consistent emergency procedures in the face of a clinical crisis). Use this code (rather than "integration with another EBP" above) if the clinician states that they switched to a generic, supportive therapeutic style. Also use this code if the clinician states that they used a different intervention entirely from the EBP in question.

10-Loosening structure: If a clinician indicates that they don't always structure a session as prescribed in the manual but still believe that the EBP is the starting point from which they work,

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this code is appropriate (e.g., if they say they don't use the formal structure, but still endorse the use of Cognitive Therapy throughout the session; or if they say they allow a brief period of off-topic discussion or processing prior to the start of the CT session/agenda setting). If they also name specific elements that they do not use, a separate code would also be used, namely, "Removing/skipping". This code should not be used if they endorse something more along the lines of weaving CT into another framework (in which case, use Integrating EBP into another framework). Note that saying something like "it's not as formal" is not specific enough (as this could mean they just change the language)—they need to indicate in some way that they emphasize structure less in some way.

11-Repeating. If a module or intervention that is normally prescribed once during a protocol is done more than once, this code should be applied. For example, if one session of breathing re-training is prescribed, but a clinician later repeats this intervention, "repeating" would be coded. If no mention is made regarding implications for the length of the session or protocol, no assumptions should be made about length. However, if it is mentioned that repeating resulted in lengthening of the session/protocol, both codes should be applied as separate modifications.

- **12- Substituting:** A module or activity is replaced with something that is different in substance (e.g., replacing a module on condom use with one on abstinence in an HIV prevention program).

0-Not a modification: If activities are consistent with the EBP, even if the clinician does not think they are, it should not be coded as a modification (unless it meets the definition of tailoring/tweaking above). This code can also be used if clinicians endorse making referrals for adjunct services unless this is inconsistent with the EBP.

Note on using basic therapy skills: If someone says that they make efforts to listen, build rapport, be empathic, etc. in response to a question about modification, but do not otherwise indicate that they change the treatment in some way, it would not be coded as a modification. However, if they say they do this instead of the EBP, it implies drift.

Note on involving family: Depending on the nature of family involvement, this could be context-format, if the family member is actively participating and it turns the treatment into a dyadic/family treatment rather than an individual treatment. However, if a family member sits in on sessions or comes in at the end to understand what the homework is in order to facilitate it for an individual with impaired memory, it may best be considered content-tailoring (individual or group level, most likely). If a protocol states that family can/should be involved on some level (e.g., an EBP for children), this would not be treated as a modification.