

Supplementary Material 1: Intervention fidelity checklist

ESTVR Intervention Components <i>Words in italics are related to frequency of intervention</i>	Extent of delivery (always, often, sometimes, seldom, never) Also consider content, coverage, frequency, duration	Moderators - +ve & -ve Also consider participant responsiveness, resources, recruitment, context, comprehensiveness of policy description, strategies to facilitate implementation, quality of delivery
1. In the acute ward, a RA recruits the person with TBI (PwTBI) to FRESH and initial data is sent to the occupational therapist or case manager (OT/CM) with TBI and VR expertise.		
2. OT/CM makes contact with the PwTBI in hospital or at home to establish a rapport, commence the TBI and return to work (RTW) education and support PwTBI and family.		
3. <i>OT/CM visits weekly on ward or within 10 days if at home.</i>		
4. OT/CM advises PwTBI not to return to work too soon, i.e., until the impact of the TBI is understood and coping strategies formulated.		
5. OT/CM conducts a risk assessment of the home situation.		
6. OT/CM commences CM Ax form (assessment of general and vocational rehabilitation needs).		
7. OT/CM establishes which other community services (e.g., ABI team, SALT) are involved and collects relevant information on the organisations.		
8. OT/CM establishes and maintains communication with the employer (e.g., liaises with workplace as required and informs them of rehab goals).		
9. Participants are advised that the CM is available for problem solving and assistance during office hours.		
10. Patient's GP is informed by letter that the individual is participating in the project.		
11. OT/CM actively liaises and communicates with everyone involved (health teams, family and work, supports participant prior to and during meetings (including clarifying what was said and agreed in meetings).		
12. OT and CM interventions are tailored to each participant and explicitly work-focused (fidelity proforma will capture detail). However, they include the following essential intervention components (numbers 13-19).		
13. Assessing the impact of TBI on function and work role and providing individualized education to PwTBI, family and employer.		
14. Developing strategies for the PwTBI to explain the effects of their TBI to others.	1	

15. Developing strategies to manage TBI effects in everyday life and work/study.		
16. Assessing the work/study role, work duties/functions, work/job demands.		
17. Supporting the PwTBI in seeking and accepting feedback about their (work) function.		
18. Exploring options for returning to work.		
19. Retraining or practicing work skills/functions.		
20. OT negotiates a graded RTW. The OT then monitors the PwTBI <i>at least weekly in the first 1-2 weeks; weekly for the next 4 weeks; then every 2 weeks for the following 8 weeks; then every 6-8 weeks unless decided otherwise by PwTBI.</i>		
21. CM supports PwTBI and family with work-related issues and provides feedback, e.g. by meeting before and after workplace review sessions.		
22. OT and CM support PwTBI to develop and maintain coping skills to help them deal with risks to job retention. <i>OT monitors this every 4-8 weeks once the graded RTW plan is complete.</i>		
23. OT formulates vocational rehab plan on the basis of the assessments results.		
24. All planning is done in consultation with the PwTBI.		
25. OT/CM informs other professionals and care providers about the VR plans.		
26. CM ensures that non-work focused activities are coordinated and continue.		
27. OT contacts PwTBI <i>every 1-2 weeks except in cases where more frequent contact is needed.</i>		
28. CM reviews participant <i>every 6-8 weeks except in cases where more frequent contact is needed.</i>		
29. At the end of the workplace intervention OT/CM writes thank you letter to employer and cc participant's GP.		

Adherence

Content – was each of the intervention components implemented as planned?

Coverage – what proportion of the target group participated in the intervention?

Frequency – how often was the intervention provided?

Duration – how long was either each intervention session and/or the overall duration of the intervention?

Moderating factors

Participant responsiveness – How were the participants engaged with the intervention service?, How satisfied were the participants and how did the participants perceive the outcomes and relevance of the intervention?

Recruitment – what procedures were used to attract participants? What constituted barriers to maintaining involvement of individuals?

Context – what factors at the political, economical (resources, money and time) or organisational level affected the implementation?

Comprehensiveness of policy description – How specific is the intervention description?

Strategies to facilitate implementation – what strategies were used to support implementation? How were these strategies perceived by staff?

Quality of delivery – how was the quality of the intervention components?