**Standard Operating Procedure (SOP)**

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**1.0 Purpose**

This procedure outlines how to identify and deliver theory and evidence-based behavioural support to men participating in the STAMINA Lifestyle Intervention (SLI).

**2.0 Scope**

This SOP is relevant to Nuffield Health staff that have been trained to deliver the SLI.

**3.0 Background**

* As part of the STAMINA programme, SLI participants will take part in 12 months of supervised exercise delivered by Nuffield Health exercise professionals.
* Clinical Exercise Specialists will review SLI participant’s progress in week 2, 4, 6, 12, 19, 26, 32, 39, 45 and 52 and provide behavioural support.
* Clinical Exercise Specialists will also be trained to identify where additional behavioural support is required and how to deliver appropriate techniques.

**4.0 Responsibilities**

* The Nuffield Health team have responsibility of recording and storing all data from the STAMINA study accurately and securely.
* The Nuffield Health team have responsibility for following the research protocol and making sure that all transfer of research data to the SHU research team is done from @nuffieldhealth.com to @nhs.net.
* The Nuffield Health team are responsible for delivering behavioural support.

* The NHS site PI has overall responsibility for patient safety.
1. **Procedure**

**How to identify if additional support is required**

We hope that SLI participants enjoy participating in the STAMINA programme and experience many positive outcomes to their overall health and wellbeing. However, after a period of improvement, it is not uncommon for men to experience small setbacks or require additional support. For example, men may experience a loss of motivation, have difficulties fitting exercise into their daily routine or experience a set back through illness or a holiday.

We hope that men will be able to communicate their difficulties with the CES through the development of good rapport and frequent contact in supervised sessions and progress reviews. However, in some instances, men may be less open, and the CES will have to identify if any additional behaviourally informed support is required.

The CES should use open-ended questions and follow-up questions to explore patient’s capability, opportunity, and motivation to exercise. Also, the CES should look out for the following verbal and behavioural cues which may indicate where further support is required.

1. *Resistant behaviour*

Resistance may be demonstrated at the point of behaviour change when the patient is not ready to change. Often patients will have good reason for not feeling ready and it is the CES role to explore these for clarification and to encourage future change.

Behavioural cues:

* Interrupting the conversation
* Appearing distracted or ignoring/ changing the topic of conversation
* Become defensive or argumentative
1. *Ambivalent behaviour*

Ambivalence can be defined as "the coexistence within an individual of positive and negative (contrasting) feelings towards a person, object or action."

It is important for the CES to accept, but not necessarily agree with the patient's thoughts and feelings and remember that ambivalence is normal.

Behavioural cues:

* Expresses uncertainty
* Keeps changing their mind
1. *Barriers to patient capability*

Men may be having difficulties with skill mastery or may be struggling to understand new information.

Verbal cues:

* *“I don’t understand…. I don’t know about…”*
* *“I don’t know how to… I can’t….”*

Behavioural cues:

* Poor exercise technique
* Difficulty understanding the RPE scale
* Difficulty mastering a skill.
1. *Barriers to patient opportunity*

Men may be having difficulties with planning and time keeping, accessing the gym or resources, or limited social support.

Verbal cues:

* *“I don’t have enough time to do that…”*
* *“My family wouldn’t like it if I do that…”*

Behavioural cues, e.g.,

* Unable to attend sessions
* Miss consecutive sessions
* Appear to be secretive
* No longer want to attend (sudden change of mind)
* Difficulty accessing the required resources
1. *Barriers to patient motivation*

Men may feel unmotivated, have strong unhelpful beliefs, express emotions that are non-supportive or keep forgetting the time of their scheduled sessions.

Verbal cues

* *“I don’t see why I have to do that… It won’t help”.*
* *“I’m scared to do that…”*

Body language, e.g.,

* Less engaged
* changes in emotions
* defensive or argumentative, distracted.

**How to identify what behavioural support is required**

The Clinical Exercise Specialists must ensure that all behaviour change support delivered is underpinned by evidence and theory to enhance the likeliness of successful behaviour change. The techniques outlined below are informed by the COM-B model1.

Step 1: Identify which component of the COM-B model from the list below requires change:

* Physical strength, skill, or stamina
* Knowledge and understanding
* Social influences and social support
* External factors including time, access to resources/ services or the environment
* Beliefs, intentions, decisional processes, or memory
* Emotions

Step 2: Identify which behavioural techniques are associated with the component that needs targeting (please refer to the table 1).

Table 1: Behaviour change techniques linked to the COM-B model1

|  |  |
| --- | --- |
| **Component to target** | **Associated behaviour change technique to deliver** |
| Physical strength, skill, or stamina | * Instruction
* Demonstration
* Practise
* Graded task
 |
| Knowledge and understanding  | * Instruction
* Prompts
* Monitor the behaviour
* Feedback on the behaviour
* Provide information about the benefits/outcomes for health
 |
| Social influences and social support | * Discuss social support available
* Organise social support
* Provide social support
 |
| Time, access to resources/ services or the environment | * Provide resources (via signposting)
* Change the timetable/ time of sessions
* Recommend positive changes to the environment
* Support the patient to develop an action plan to follow
* Set and review goals
 |
| Beliefs, intentions, decisional processes, or memory  | * Importance rulers
* Pros and cons
* Action planning
* Problem solving
* Persuasion about capabilities
* Goal setting
* Self-monitoring
 |
| Emotions  | * Rewards
* Habit formation
 |

(Further information about the behaviour change techniques can be found in Appendix 1).

**How to deliver behavioural support**

A significant part of behaviour change is good communication.

In all communication it is important to remember that individuals have different levels of understanding, education, and health literacy.  Some individuals may also have cognitive impairment, either related to their age or other co-morbidities. It is therefore particularly important to avoid using medical or psychological jargon.  Follow the tips below that outline good consultation skills:

* Use patient terms
* Be guided by the man
* Use open-ended questions and follow-up questions
* Use reflective listening
* Provide autonomy
* Don’t tell men what to do, guide their decisions
* Express empathy
* Roll with resistance

**6.0 References, Related SOPs, Web links**

1. 1. Michie S, Atkins L, West R. The behaviour change wheel. A guide to designing interventions. 1st ed. Great Britain: Silverback Publishing. 2014:1003-10.

**Appendix 1 – Behaviour Change Techniques**

**Instruction**

When delivering exercise, it is important to provide a verbal description of the exercise you would like the patient to perform. Provide as much information as possible and repeat this every time you see the patient. Do not make assumptions that the patient knows what the exercise entails or remembers from previous weeks.

**Demonstration**

Provide the patient with a demonstration of the desired behaviour. You may want to demonstrate each exercise facing forwards and then from a side profile.

**Practise**

Prompt the patient to have a go at the desired behaviour and continue to practice until mastered.

**Graded task**

Break exercises/ tasks up into smaller chunks or start by teaching the patient an easy exercise (e.g., a regression). Once mastered, make the skill more difficult (e.g., add progressions).

**Prompts**

Provide the patient with verbal cues or memory aids to help their memory and knowledge to complete a task., e.g., signpost to the instructions/ examples of completing the STAMINA diary.

**Feedback**

Provide specific feedback about the desired behaviour (i.e., exercising twice a week) and not a generic comment such as "*that was great*." You should also provide feedback on the outcomes of the behaviour (e.g., a 0.5kg weight loss following 6 weeks of exercise).

Providing feedback creates a supportive environment for the patient and encourages them to reflect on their behaviour. Feedback also allows patients to learn new skills and motivates continuity of that behaviour via a feeling of approval.

**Information about the benefits for health**

Provide evidence-based information about the benefits of exercising twice a week, the benefits of supervision, the benefits of forming habits etc., to increase knowledge.

**Social support**

Social support from family and friends can positively influence exercise adherence/ behaviour. However, negative comments are not uncommon and may be a hindrance. Please support men to address any unhelpful social support.

Group supervision can provide patients with social support from likeminded individuals who have shared similar experiences to them. Discuss the benefits of group exercise, support men to develop friendships (by introducing them to one another) and support friendly competition.

**Provide resources**

Signpost men to the resources available to them (that they are lacking or are unaware of), for example information in booklets, video examples online or the research team for replacement equipment.

**Make changes to the environment**

Support men to make changes to their living space and daily routine. For example, support men to rearrange their daily activities, day/ time they exercise or exercise space to facilitate exercise behaviour.

**Importance ruler**

Importance rulers can be a useful behaviour change technique to use when patients are ambivalent to change or lacking in motivation. Your role is to prompt the patient to think about how they feel right now on a scale of 1 - 10.

Rulers can be adapted to ask questions specific to the current context. For example, you can explore readiness to change, importance of exercise or confidence. You should draw a ruler or use the patient booklet for this task, so the patient has a visual ruler to look at. To increase autonomy and ownership, provide the pen to the patient so they can mark on their score. Use open-ended questions to guide patients towards identifying what needs to change for them to score higher on the ruler. Additionally, ask them why they haven’t provided a lower score to provide them with confidence/ motivation.

**Pros and cons**

Prompt the patient to think about or write a list of the advantages or disadvantages of thinking in a particular way or performing a specific behavior. An example is: *"the advantages and disadvantages of attending Nuffield Health twice a week".*

Ask the patient to reflect on their lists and encourage them to think about both sides to reassess their situation in a more balanced way. This technique could be used in several situations e.g., to consider group versus one-to-one supervised exercise sessions.

**Action planning**

Prompt detailed planning of how the patient will achieve their goals. Patients should come up with their own plans, but you can support them by providing them with a few options e.g., to continue with their exercise programme independently as supervision is tapered.

Encourage the patient to write down a detailed plan for accountability. Action plans should be specific, measurable, achievable, realistic and time bound. For example:

"*I will continue attending Nuffield Health 10:00-11:00 on Monday and Wednesday mornings following the exercise programme I have recorded in my STAMINA diary*"

**Problem solving**

Problem solving offers a structured way to overcome real-life problems or difficulties. The key to good problem solving is helping the patient work through the steps below and allowing them to choose the solution they think best suits them.

These steps are presented as sequential, but in reality, problem solving is a dynamic process.

**Step 1: Make a list of the problems.**

Patients can often find the number of problems they have overwhelming, taking time to write them down can be an important first step to feeling in control.

**Step 2: Choose a problem to address.**

It is best to start with problems that are within the patients control and amenable to change.

**Step 3: Define the problem clearly.**

The problem should be broken down into as many components as possible. This enables the patient to see that large problems can be overcome in small chunks.

**Step 4: Think about solutions to the problem (positive & negative)**

For each element of the problem identify as many solutions as possible. Often the first solutions an individual suggests are the most obvious or socially acceptable. Probing more ideas is critical here. For example: -

* + ‘What else’?
	+ ‘Have you tried that before, did it work?’
	+ ‘Do you know what other people have tried?’

**Step 5: Help the patient to choose the best solution.**

This needs to be the solution most likely to work for this individual.  It is critical the solution is within the patient’s capabilities. It is better for someone to take many small, successful steps. This will increase their confidence and decrease negative feelings towards problem solving.

**Step 6: Make an action plan and review.**

A specific action plan should be made along the lines for SMART goals.  Check how confident the individual feels about achieving their goal on a scale of 1-10 with scores of 7/8 optimal.

**Goal setting**

**Short Term Goals**

Short term goals are very specific and describe the behaviour change in detail. It is important to consider:

* If the goal addresses a problem relevant to the patient’s difficulties?
* Is the goal within the scope of what the patient can influence and change?
* Does the goal address what the patient/ STAMINA programme is trying to achieve?
* Is the goal a SMART goal:
* Specific
* Measurable
* Achievable
* Relevant
* Timely

**Intermediary Goals**

These deal more specifically with the behaviours that need to be changed but are still relatively vague and removed from present behaviour levels.

**Long Term Goals**

These tend to be for some time in the future and require considerable behaviour change. How these changes will be made is not well specified.

**Setting goals at an appropriate level**

The aim is for an individual to succeed at their goal and therefore increase their self-efficacy for the behavior.  This will reinforce belief in their ability to take control over their problems.  It can be helpful to ask an individual to rate their confidence on a scale of 1-10 (where 1 is not confident at all, 10 is very confident). A goal of 7 or 8 is most likely to lead to success so higher or lower scores than this should be probed to check if they are at the right level.

**Breaking goals into smaller steps**

Goals may need to be broken down into small manageable steps. There may be a logical sequence to the steps e.g., if a patient would like to jog 100 yards, this goal may need to be broken down further to a shorter distance of 50 yards before the final goal can be achieved.

**Encourage self-monitoring**

Self-monitoring can help patients to identify how they have progressed and where changes may be required to achieve their goals. Self-monitoring has also been shown to significantly increase exercise attendance and have a positive outcome on goal success.

Please encourage patients to keep a log of their exercise behaviour in their STAMINA diary. It should be emphasised that the STAMINA diary is personal to the patient and will not be read by others, unless requested. For example, some patients may want support completing their STAMINA diary. Support the patient to become independent in completing their STAMINA diary.

**Reinforcement and reward**

If someone sets a goal, rewards can be a helpful way to reinforce the behavior and the process and thus achieve success. Rewards should be identified by the person and usually small rewards e.g., buying a magazine, a haircut, buying a lottery ticket.  Some people do work towards a bigger reward e.g., by putting money saved from smoking towards a holiday, but this is for the individual to decide.

**Forming and maintaining habits**

Habits are behavioural patterns that are formed through repetition and tend to occur without thinking about them. For example, putting your seatbelt on when you get into a car. Once habits are formed people are more likely to continue with that desired behaviour e.g., continue exercising twice a week following tapered supervision.

Prompt patients to develop an exercise habit by scheduling sessions at the same time each week, where possible. As patients transition to group supervision and tapered supervision, thereafter, encourage patients to continue exercising independently at the same time each week.

To help maintain exercise habits, prompt the patient to think about the actions they take leading up to their weekly exercise sessions. Then prompt patients how important it is to maintain these actions for exercise maintenance. For example, 'always packing a gym bag the night before an exercise session'.