



City Research Online

City, University of London Institutional Repository

Citation: Lorencatto, F., West, R., Bruguera, C. & Michie, S. (2014). A method for assessing fidelity of delivery of telephone behavioral support for smoking cessation. *Journal of Consulting and Clinical Psychology*, 82(3), pp. 482-491. doi: 10.1037/a0035149

This is the unspecified version of the paper.

This version of the publication may differ from the final published version.

Permanent repository link: <https://openaccess.city.ac.uk/id/eprint/3732/>

Link to published version: <https://doi.org/10.1037/a0035149>

Copyright: City Research Online aims to make research outputs of City, University of London available to a wider audience. Copyright and Moral Rights remain with the author(s) and/or copyright holders. URLs from City Research Online may be freely distributed and linked to.

Reuse: Copies of full items can be used for personal research or study, educational, or not-for-profit purposes without prior permission or charge. Provided that the authors, title and full bibliographic details are credited, a hyperlink and/or URL is given for the original metadata page and the content is not changed in any way.

City Research Online:

<http://openaccess.city.ac.uk/>

publications@city.ac.uk

SUPPLEMENTARY MATERIALS

Supplementary Table 1: BCTs identified in each section of the service treatment manual.

PRE-QUIT SESSIONS (n=22 BCTs)	<ul style="list-style-type: none">-Provide information on consequences of smoking and smoking cessation-Boost motivation and self-efficacy-Prompt commitment from the client-Strengthen ex-smoker identity-Explain the importance of abrupt cessation-Measure and explain the purpose of CO monitoring-Facilitate barrier identification and problem solving-Facilitate action planning/develop treatment plan-Facilitate goal-setting-Environmental restructuring-Advise on avoidance of cues for smoking-Advise on stop smoking medications-Facilitate use of social support-Give options for additional and/or later support-Build rapport-general practitioner communication approaches- Emphasise choice-Provide reassurance-Information gathering and assessment-Explain how tobacco dependence develops-Explain expectations regarding the treatment programme-Provide information on withdrawal symptoms
QUIT-DAY SESSIONS (n=25 BCTs)	<ul style="list-style-type: none">-Boost motivation and self-efficacy-Provide normative information on other smokers' experiences-Prompt commitment from the client-Strengthen ex-smoker identity-Explain the importance of abrupt cessation- Measure and explain the purpose of CO monitoring- Facilitate distraction from motivation to engage in behaviour-Facilitate barrier identification and problem solving-Relapse prevention and coping-Advise on changing routines- Environmental restructuring- Set graded tasks- Advise on avoidance of cues for smoking-Prompt self-reward-Advise on stop smoking medications-Facilitate use of social support-Ask about experiences of stop smoking medications the smoker is currently using-Give options for additional and/or later support-Build rapport-general practitioner communication approaches-Provide reassurance-Information gathering and assessment-Explain how tobacco dependence develops-Explain expectations regarding the treatment programme-Provide information on withdrawal symptoms

POST-QUIT SESSIONS (n=28 BCTs)

- Provide information on consequences of smoking and smoking cessation
 - Boost motivation and self-efficacy
 - provide feedback on performance
 - provide rewards contingent on not smoking
 - provide normative information on other smokers' experiences
 - Prompt commitment from the client
 - provide rewards contingent on effort or progress
 - Strengthen ex-smoker identity
 - facilitate identification of reasons for wanting and not wanting to stop smoking
 - Explain the importance of abrupt cessation
 - Measure and explain the purpose of CO monitoring
 - Facilitate barrier identification and problem solving
 - Facilitate action planning/develop treatment plan
 - Review set goals
 - Prompt self-recording
 - Advise on conserving mental resources
 - Advise on avoidance of cues for smoking
 - Advise on stop smoking medications
 - Facilitate use of social support
 - Ask about experiences of stop smoking medications the smoker is currently using
 - Give options for additional and/or later support
 - Build rapport
 - general practitioner communication approaches
 - Provide reassurance
 - Information gathering and assessment
 - Provide information on withdrawal symptoms
 - reflective listening
-

Supplementary Table 2: Proportion of behavioural support sessions each manual-specified BCT was delivered in according to session type (pre-quit, quit-day, post-quit).

	No. pre-quit sessions delivered in according to pre-quit manual specification	No. quit-day sessions delivered in according to quit-day manual specification	No. post-quit sessions delivered in according to quit-day manual specification	Total No. sessions BCT delivered in according to manual specification (max=64)
Provide information on the health consequences of smoking and smoking cessation	5/27	-	12/21	17/48 (35%)
Boost motivation and self-efficacy	20/27	8/16	14/21	42/64 (66%)
Provide feedback on current behaviour and progress	-	-	18/21	18/21 (86%)
Provide rewards contingent on not smoking	-	-	9/21	9/21 (43%)
Provide normative information about others' behaviour and experiences	19/27	9/16	13/21	41/64 (64%)
Prompt commitment from the client there and then	2/27	0/16	0/21	2/64 (3%)
Provide rewards contingent on effort or progress	-	-	14/21	14/21 (67%)
Strengthen ex-smoker identity	2/27	6/16	9/21	17/64 (27%)
Facilitate identification of reasons for wanting and not wanting to stop smoking	-	-	9/21	9/21 (43%)
Explain the importance of abrupt cessation	2/27	0/16	2/21	4/64 (6%)
Measure CO and explain the purposes of CO monitoring	1/27	0/16	0/21	1/64 (2%)
Distract from motivation to engage in behaviour	-	4/16	-	4/16 (25%)
Facilitate barrier identification and problem solving	10/27	10/16	7/21	27/64 (42%)
Facilitate relapse prevention and coping	-	3/16	5/21	8/37 (22%)
Facilitate action planning/develop a treatment plan	6/27	-	1/21	7/48 (15%)
Facilitate goal setting	22/27	-	-	22/27 (81%)
Prompt review of set goals	-	-	9/21	9/21 (43%)
Prompt self-recording	-	-	2/21	2/21 (10%)
Advise on changing routine	-	3/16	-	3/16 (19%)
Advise on environmental restructuring	4/27	1/16	-	5/43 (12%)
Set graded tasks	-	0/16	-	0/16 (0%)
Advise on conserving mental resources	-	-	3/21	3/21 (14%)
Advise on avoiding social cues for smoking	5/27	0/16	0/21	5/64 (8%)
Promote self-reward	-	2/16	-	2/16 (13%)

Advise on stop smoking medication	24/27	13/16	12/21	49/64 (75%)
Advise on/facilitate use of social support	3/27	3/16	2/21	8/64 (13%)
Ask about experiences of stop smoking medication that the smoker is currently using	-	5/16	12/21	17/37 (46%)
Give options for additional and later support	25/27	15/16	21/21	61/64 (95%)
Build general rapport	18/27	8/16	13/21	39/64 (61%)
General communication approaches	17/27	15/16	20/21	52/64 (81%)
Emphasise choice	9/27	-	-	9/27 (33%)
Provide reassurance	17/27	12/16	12/21	41/64 (6%)
Information gathering and assessment	26/27	14/16	16/21	57/64 (88%)
Explain how tobacco dependence develops	7/27	0/16	-	7/43 (16%)
Explain expectations regarding the treatment programme	22/27	6/16	-	28/43 (65%)
Provide information on withdrawal symptoms	7/27	2/16	2/21	11/64 (17%)
reflective listening	-	-	13/21	13/21 (62%)

Supplementary Table 3: Non-manual specified BCTs delivered in behavioural support sessions, presented according to session type and ranked according to frequency of transcripts featured in.

BCT label	Number of transcripts featured in (% of total)
<i>Pre-quit transcripts (max 27)</i>	
‘reflective listening’	22 (81%)
‘Provide rewards contingent on effort or progress’	9 (33%)
‘Promote behavioural substitution’	8 (30%)
‘Facilitate identification of reasons for wanting and not wanting to stop smoking’	7 (26%)
‘Advise on changing routine’	6 (22%)
‘Provide feedback on current behaviour and progress’	4 (15%)
‘Advise on conserving mental resources’	4 (15%)
‘Prompt self-recording’	3 (11%)
‘Facilitate relapse prevention and coping’	2 (7%)
‘Set graded tasks’	2 (7%)
‘Advise on methods of weight control’	2 (7%)
‘Promote self-reward’	2 (7%)
‘Provide rewards contingent on not smoking’	1 (4%)
‘Distract from motivation to engage in behaviour’	1 (4%)
‘Ask about experiences of stop smoking medication that the smoker is currently using’	1 (4%)
<i>Quit-day transcripts (max 16)</i>	
‘Provide feedback on current behaviour and progress’	12 (75%)
‘Facilitate identification of reasons for wanting and not wanting to stop smoking’	12 (75%)
‘Reflective listening’	12 (75%)
‘Provide rewards contingent on effort or progress’	11 (69%)
‘Prompt review of set goals’	11 (69%)
‘Provide information on the health consequences of smoking and smoking cessation’	7 (44%)
‘Emphasise choice’	5 (31%)
‘Facilitate action planning/ develop a treatment plan’	4 (25%)
‘Promote behavioural substitution’	4 (25%)
‘Advise on conserving mental resources’	3 (19%)
‘Facilitate goal setting’	2 (13%)
‘Prompt self-recording’	2 (13%)
‘Advise on methods of weight control’	2 (13%)
<i>Post-quit transcripts (max 21)</i>	
‘Distract from motivation to engage in behaviour’	6 (29%)
‘Promote self-reward’	4 (19%)
‘Facilitate goal setting’	4 (19%)

‘Advise on changing routine’	4 (19%)
‘Emphasise choice’	3 (14%)
‘Advise on environmental restructuring’	2 (10%)
‘Advise on methods of weight control’	2 (10%)
‘Promote behavioural substitution’	2 (10%)
‘Explain expectations regarding the treatment programme’	2 (10%)
‘Teach relaxation techniques’	1 (5%)
‘Offer/direct towards appropriate written materials’	1 (5%)
‘Explain how tobacco dependence develops’	1 (5%)
