

PROPELS: Educator Follow-on Support Curriculum

propels



**Walking Away
from Diabetes**

Acknowledgements

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Chapter 1: Introducing the PROPELS follow-on support intervention

Welcome to the PROPELS follow-on support training programme

This manual has been designed to provide you with an overview and understanding of the **PROPELS follow-on support intervention**. This intervention is being offered to those participants recruited to the PROPELS study who have been randomised to 'Group Three' (the most intensive intervention).

This manual will provide some general and specific information about the follow-on support intervention. There are sections of the manual that will cover the philosophy and theories that underpin the intervention, and the behaviour change techniques used in the intervention.

You will find information about the skills and techniques required to deliver a behaviour change intervention. There is also a section on the prevention and management of challenging situations.

Intervention fidelity is a key component of this research project. On page 39 we will discuss what fidelity is, and how it is implemented within the PROPELS study.

What is the follow-on support intervention?

As part of the PROPELS research study, we want to evaluate whether offering increased follow-on support through the use of text messaging and telephone based counselling increases physical activity levels in participants. The participants who are randomly assigned to group 3 will receive: The same initial and annual Walking Away from Diabetes (WA) group education sessions PLUS tailored text messages PLUS (at least) 2 telephone calls per year.

What is the aim of the phone calls and text-messages?

The purpose of the phone calls and text-messaging is to help participants maintain any increases in physical activity over the course of the PROPELS study.

As an educator, your role is to support participants to make lasting changes to their activity levels by engaging them with the initial Walking Away education-based intervention and the follow-on support intervention.

How can we encourage physical activity by follow-on support?

We know from previous research and practical experience that telling people that they should or ought to change their behaviour, using scare tactics or providing lots of information about the benefits of change are all relatively ineffective techniques (when used in isolation) to engage people in making changes to their health behaviours

In relation to physical activity interventions, we do know that certain behaviour change techniques can be effective. These can be seen in Box 1.1. These techniques will be central to the PROPELS follow-on support intervention, and will be introduced in chapter two.

Box 1.1 PROPELS follow-on support: Key behaviour change techniques

Self-Monitoring of Behaviour

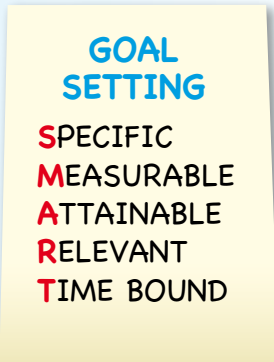
- Pedometers are a useful tool that allow participants to easily self-monitor their daily step count and increase physical activity. This works in part by helping participants to become more aware of how active they are and is the first step in helping them to change their behaviour.



As part of PROPELS follow-on support, participants are asked to wear a pedometer and record their steps in an activity diary, and ‘text-in’ their weekly step count total for the initial 8 weeks after the education session.

Goal Setting

- Goals should focus on a specific behaviour (e.g. increase walking) rather than an outcome (e.g. to reduce risk of type 2 diabetes)
- Step counts are a straightforward and measurable means of setting an activity goal. When self-monitoring (e.g., pedometer plus an activity diary) is combined with a specific step goal, participants tend to increase their activity more than when are given a pedometer alone.
- Goals should be difficult enough to be a challenge but not too difficult to be unrealistic. It is useful for participants to have a long-term goal that reflects a step count that is achievable in the long-term (e.g., the next 12 months). In addition, short-term goals are those that can be achieved in the near future (e.g., to increase by 500 steps per day initially).

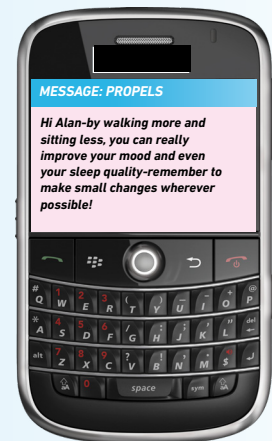


As part of the PROPELS follow-on support the educator will work with the participant so that they have a clear goals in relation to step counts.

Feedback about Behaviour

- For goals to be achieved, participants require feedback about progress in relation to their goals. If they do not know how they are doing, it is difficult or impossible for them to try harder and/or to use different strategies to achieve their goal.
- Text-messages are a simple and convenient way to communicate feedback in relation to step goals.

As part of the PROPELS follow-on support the participant will receive personalised feedback about their goal progress by text-messages every week.



Why are we using text messages?

Text messages are a convenient and low cost way to reach a lot of participants. Text messages can be tailored to the participant in order to provide the most appropriate support for them to increase or maintain activity. Text messages allow us to communicate with participants more frequently so that we can provide personalised tips on how to stay motivated and to suggest different strategies on how to get more active.

Chapter 2: Theories underpinning the follow-on support intervention

The general underlying philosophy of the follow-on intervention is congruent with that of the Walking Away from Diabetes structured group education programme. If you want to remind yourself of this, please refer back to your DESMOND Core Training Manual that you were given on your core training day.

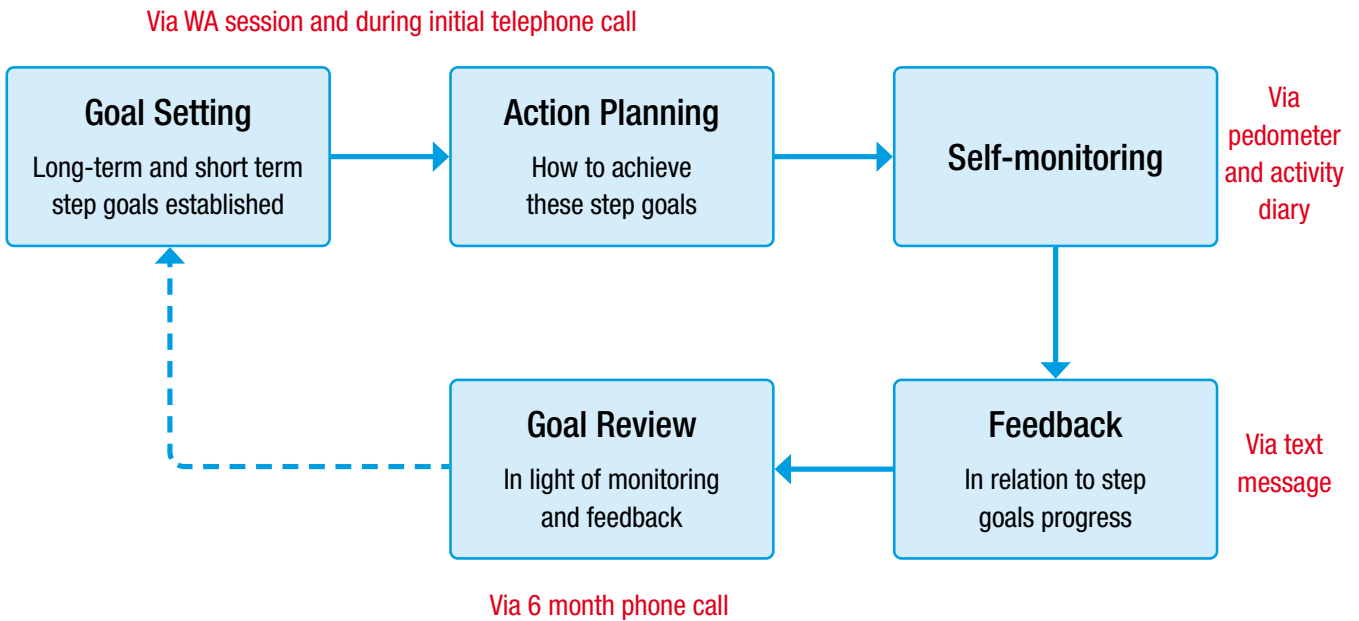
The follow-on support programme reflects the dynamic and continuous process of behaviour change. Very few PROPELS participants will increase their activity levels initially and then maintain these changes throughout the study. A change in routines, e.g., a new job, moving house or a holiday can affect activity levels. Therefore, for long-term maintenance it is important that participants regularly monitor how active they are, review this in the light of the goals they set, and take action if they are less active than they wanted to be. In other words, participants need to compare their current activity levels to a set goal in order to find out what changes need to be made in order to achieve the goal (e.g., increasing step counts). If they decide that changes are needed, they can set themselves a new goal and review progress. This is a dynamic process that includes several behaviour change techniques such as setting a goal, self-monitoring in order to find out how one is doing in relation to the goal, feedback about the behaviour and eventually a review of the goal in light of the monitoring and feedback. One behaviour change theory that can help us to understand how the follow-on support facilitates behaviour change and maintenance is control (or 'self-regulation') theory (Carver & Scheier, 1981).

Self-Regulation involves:

1. Setting a goal (What do I want to do?)
2. Specifying goals as contextualised actions (What exactly will I do, when and where?)
3. Self-monitoring (What am I doing?)
4. Feedback (How well am I doing?)
5. Reviewing a goal in light of monitoring and feedback (What do I want to do differently?)

These basic elements of self-regulation are outlined at the top of the next page in Figure 1.1, along with how this is achieved via the follow-on support intervention.

Figure 1.1 Modified self-regulation ('control') theory diagram, and how it is achieved in the PROPELS follow-on support intervention.



Behaviour change techniques used in the follow-on support intervention

Interventions to change behaviour require specific strategies, or behaviour change techniques which have been defined in the literature (Michie et al., 2013). These are the ‘active ingredients’ of the PROPELS follow-up support intervention.

The specific techniques that comprise the PROPELS follow-on support intervention are defined below, along with how you will use them in the follow-on support intervention. For example, this includes how you could use each of these techniques effectively within your phone calls to study participants, and how the techniques are incorporated in the text messages.

Goal Setting

Definition: Set or agree on a goal defined in terms of the behaviour to be achieved.

How **goal setting** is implemented in PROPELS follow-on support

Discuss and agree upon the participants’ personalised long term and short term goals relating to their **STEP COUNT**.

- The long term goal is 3000 more steps per day than the participant’s baseline steps and the short-term goal is 500 more steps per day than the participants’ baseline steps. The goal should be discussed with the participant in order to check that it is appropriate. For instance, you may need to adapt this general rule for some participants, e.g., those with mobility issues.

Action Planning

Definition: Prompt detailed planning of performance of the behaviour (must include at least one of context, frequency, duration and intensity).

How **action planning** is implemented in the PROPELS follow-on support

Prompt the participant to develop an action plan that relates to how they will achieve their step goals.

- This action plan should come from the participant (i.e., do not give them a plan).
- This plan needs to include an activity chosen by the participant (WHAT? e.g., walking the dog for 30 minutes), WHERE the activity will be performed (e.g., at the park) and WHEN the activity will be performed (e.g., every morning). Prompt the participant to be specific with the details in their plan. The more specific the plan, the more likely it is that the participant will start and continue with it.

Self-Monitoring

Definition: Establish a method for the person to monitor and record their behaviour(s) as part of a behaviour change strategy.

How **self-monitoring** is implemented in the PROPELS follow-on support

The participants in group 3 will be provided with a pedometer and an activity diary to log step count.

Social Support

Definition: Providing encouragement and praise for the target behaviour or advising on (e.g. from friends, relatives, colleagues, 'buddies' or staff) social support to help facilitate the target behaviour.

How to **social support** is implemented in the PROPELS follow-on support

- Providing social support can be achieved in multiple ways through your telephone calls with participants. For example, by using 'affirmations' (see page 17), you are proving encouragement and support of the target behaviour. For example, you might affirm a participant's suggestion about how to increase their activity (e.g., "taking a walk before dinner is a fantastic suggestion...").
- You may also provide support by suggesting ways to increase activity (e.g., if participants are struggling to develop a specific action plan), for example, by asking about support from friends or family and how they might be able to play a role in facilitating behaviour change.
- Social support will also be provided by the on-going text messages through messages of general support and encouragement for behaviour change (see example on page 24).

Feedback about the behaviour

Definition: Monitor and provide informative or evaluative feedback on performance of the behaviour (e.g. form, frequency, duration, intensity)

How **feedback about the behaviour** is implemented in the PROPELS follow-on support

- Ask participants, especially during the second phone call, to recall how they got on in relation to achieving their step goals. Reflect back and praise any successes that the participant reports to you.
- Provide a summary of goal progress based on the step counts they have texted in, e.g. “So it looks like you achieved your short term goal after only 3 weeks which is fantastic, and then you carried on gradually increasing for the next few weeks. It looks like you did decrease slightly during the last week but you still completed more steps than your baseline week, which is great”.
- Text messages provide the majority of feedback about the participants’ activity levels. For example, participants are asked to text-in their weekly step total once per week for the eight weeks following the WA session. They receive immediate and personalised feedback about their step count in relation to their goal.

Goal Review

Definition: Review behaviour goal(s) jointly with the person and consider modifying goal(s) or behaviour change strategy in light of achievement. This may lead to re-setting the same goal, a small change in that goal or setting a new goal instead of (or in addition to) the first goal, or no change.

How **goal review** is implemented in the PROPELS follow-on support

- During the second phone call, it is very important that you review step goals with the participant in light of the feedback that the participants provide (and their step goal progress). For example, if participants have already achieved their long term goal after 6 months, then the long term goal should be amended. Similarly, if participants have not yet reached their short-term goal, this goal may be kept the same. It is important to remember that ambitious goals typically lead to more behaviour change, however, it might be better to start with a relatively smaller goal and increase this if required to strengthen the participants’ confidence in becoming more active.

Problem Solving

Definition: Prompt the participant to analyse factors influencing the behaviour, and to generate or select strategies that include overcoming barriers and/or increasing facilitators.

How **problem solving** is implemented in the PROPELS follow-on support

- During the phone call, ask the participant to think about anything that got the way of their activity or prevented them from achieving their goal.
- Ask the participant to think about potential strategies or ways that they can overcome this barrier (e.g., perhaps what has worked for them on previous occasions). You might need to provide prompts if they are struggling (e.g., “what can you do during work hours that might increase your steps, even if only by a little?”), however you should NOT provide solutions for them.
- Participants can also use the ‘problem solving function’ on their mobile in order to receive specific tips/advice relating to their most salient barrier to activity (see example on page 25).



The text messages also comprise a number of additional behaviour change techniques. Please see the definitions and examples on page 23.

Chapter 3: How to facilitate behaviour change over the phone: communication skills

Although there are several key behaviour change techniques that should be implemented in the follow-on support intervention (e.g., goal setting, action planning etc.), the manner in which you communicate with participants over the phone is equally important as the actual strategies you are using to help participants to change. Good communication skills should underpin all the strategies we are using to help participants to increase activity. The manner in which you communicate with participants should help them to (a) feel at ease (b) feel listened to and (c) feel more confident about change.

Most of the communication skills covered here are based on motivational interviewing. The fundamental principles of motivational interviewing are outlined below.

Try NOT to assume that:

- This participant's health is the prime motivating factor for him/her.
- If he or she doesn't decide to change, I have failed.
- A tough approach is always best.
- I'm the expert. He or she must follow my advice.

Expressing Empathy

Empathy is fundamental to all behaviour change interventions (e.g., face to face and over the phone). In short, it means to be able to put yourself in the shoes of the participant. It is not simply being kind or nice. It requires active listening skills and reflection.

Avoiding argument

Arguments are counterproductive. If you actively challenge a participant as to why they are not being active, the participant may become defensive. Instead, encourage participants to hear themselves say why they want to change. There is a saying 'that if you hear yourself say something, then you begin to believe it'.

Supporting Self Efficacy

Self-efficacy is key to behaviour change: participants' beliefs in their ability to change and keep it going, even when barriers get in the way is fundamental for change. You have an active role in encouraging participants and persuading them that they can make lasting changes.

Rolling with Resistance

It is important not to get into a “wrestling match” with participants. The skill of rolling with resistance, when done well, can shift the participant’s perspective of their situation.

Developing discrepancy

Developing discrepancy can help a participant to work out for themselves the discrepancy with their current situation and their ideal situation.

There are a number of specific communication skills that can be used in order to incorporate the principles of motivational interviewing into your phone calls

Open Ended Questions

Using open ended questions enables you to understand the participant’s point of view and elicits their feelings about a given topic or situation. Open-ended questions facilitate dialogue; they cannot be answered with a single word or phrase and can result in a richer and deeper conversation. Think ‘Ask’ not ‘Tell’ - ask open-ended questions rather than telling the participant what to do.

“How have you been getting on over the last few weeks with wearing your pedometer and logging your daily step count?”

“How do you think life might be different if you increased your activity, even if by only a small amount?”

Importance and Confidence Rulers

Ask the participant to rate how important increasing physical activity is to them, and also how confident they are that they can achieve it. This helps to draw the participant’s attention to the discrepancy between where they are currently and where they would like to be. It can help the participant to think about what they need to do to achieve their goal.

Using open questions, ask the participant:

1. “On a scale of 1-10, how important is it for you to increase your activity?”
2. “How come you picked this number and not a lower number?”
3. “What would need to happen in order to pick a higher number?”
4. “On a scale of 1-10, how confident are you that you can increase your activity?”
5. “How come you picked this number and not a lower number?”
6. “What would need to happen in order for you to be more confident about increasing your activity?”

Affirmations

Affirming a participant's ideas, when done sincerely, can strengthen their self-efficacy. More broadly, with affirmations you acknowledge the difficulties the participant has experienced. By affirming, you are saying, "I hear; I understand," and you are validating the participant's experiences and feelings. Affirming helps participants to feel confident to take action and change behaviour. Emphasising their past experiences that demonstrate strength or success can prevent discouragement.

"That must have been very difficult for you".

"That's a good suggestion for how you could make a small change for increasing your activity"

Reflective listening

Reflective listening is a way of checking rather than assuming that you know what is meant.

"Reflective listening is the key to this work. The best motivational advice we can give you is to listen carefully to your clients. They will tell you what has worked and what hasn't. What moved them forward and shifted them backward. Whenever you are in doubt about what to do; listen." (Miller & Rollnick, 1991)

Express empathy thorough reflective listening

- Reflective listening does not mean you have to agree with what the participant is saying.
- Think LISTEN, not TELL.
- Try to create an atmosphere where participants can feel they can say what they really think without being judged
- Try not to interpret or analyse what the participant is saying.

Summarising

“Summaries reinforce what has been said, show that you have been listening carefully, and prepare the client to move on” (Miller and Rollnick, 1991)

It can be useful to periodically summarise what has been discussed during the telephone call, especially during the transition from one key step to the next. Summarising consists of distilling the essence of what a participant has said and communicating it back. A summary should ideally paraphrase the participant’s positive and negative feelings about a given topic to promote further discussion.

Summarising also serves strategic purposes. In presenting a summary, you can select what information to include and what can be minimised or left out. Summarising helps participants to consider their own responses and can help to promote discrepancy between where the participant is currently and where they would like to be.

“Here’s what I’ve heard, please correct me if I am wrong...”

“We covered that really well. Now let’s talk about...”

**Remember
'OARS'!**

Open ended questions
Affirmations
Reflections
Summarising

Chapter 4: Participant challenges: What it looks like and how to handle it

What does it look like?

Some examples are:

- **Arguing:** The participant contests the accuracy or expertise of the PROPELS study and/or the educator.
- **Interrupting:** The participant breaks in and interrupts in a defensive manner.
- **Denying:** The participant expresses unwillingness to recognise any problems, cooperate, accept responsibility, or take advice.

How to handle challenging situations over the phone?

Reflection

The simplest approach to responding to any resistance to change that you may encounter is with nonresistance: repeating the participant's statement in a neutral form. This acknowledges and validates what the participant has said and can elicit an opposite response.

"So it sounds like you have a lot going on at the moment with your family and you don't think that you can make time to increase your activity for the foreseeable future"

Clarification and elaboration

Make sure your understanding matches the participant's perspective.

"So as I understand it, you think it is important for you to increase your activity as you know that it will reduce your stress level and also your blood pressure, but at the moment you have a lot going on at home which you feel makes it difficult to make any time for going for a walk".

If met with resistance - instead of trying the “yes, but...” approach, ask for elaboration and more details:

“In what ways does caring for your wife mean that you don’t manage to increase your activity?”

“Tell me more about how you feel your job gets in the way of your activity plans?”

“When was the last time that happened?”

Developing discrepancy

If you do reach a point in the conversation where you feel that there is too much resistance, resist the urge to meet force with force! There are still ways in which you can roll with the participant’s resistance and keep the conversation flowing and productive. Remember, you cannot make a participant change their behaviour, but you can help them to understand their decisions and potentially resolve any ambivalence they have about change.

Look back and ask them about previous successes to strengthen self-efficacy and a belief that a small change is possible. Remember to use affirmations where possible to highlight the participant’s strengths and motivation for change.

“Tell me a little bit about your activity before your wife got ill, what did that look like?”

“Have you tried before to make any change to your activity since you have been caring full time for your wife? How did you get on with that?”

“You mentioned that you used to enjoy bowls with your friends from work? What did you enjoy about that?”

Look forward and ask what may happen if things continue as they are (status quo).

"If you were 100% successful in making the changes you want, what would be different?"

"Hypothetically speaking, if _____ was not a barrier, what would your physical activity plan look like?"

Shifting focus

Shifting focus of the conversation might be useful if the participant is becoming too focused on barriers and obstacles that get in the way of increasing activity (e.g., full time job, full time carer, injury). If this is the case, simply listen and summarise what they are saying and then shift focus to a different topic (e.g., what may help them to increase their activity?).

This can be as simple as asking them about why they would like to change (versus stay the same) and how they might like to change when the time is right:

"You have priorities in life and that's completely understandable so let's not focus too much on immediately changing what you do. I'm interested to know what concerns you most about your current situation in terms of your own health."

"If you were to change in the future, what do you think your options might be?"

Reframing physical activity

Another option when met with resistance is to reframe the discussion. For example, by getting the participant to think about decreasing sedentary behaviour (e.g., sitting less) rather than increasing activity.

Chapter 5: Text-Messaging

As an educator, you will not be directly involved in the text-messaging component of the follow-on support Intervention. However, it is important that you understand what is involved, and how it relates to the specific behaviour change techniques introduced in Chapter two.

During the initial phone call one week after the education session, the information that you elicit from participants and record in the database is used to tailor text messages to each participant.

For example, a participant who reports that they have been sedentary over the past year, has arthritis that prevents them from walking and has little confidence about increasing their activity will receive different messages than a participant who is reasonably active and willing and able to increase this further.

What types of text-messages are sent as part of the PROPELS follow-on support?

The text messages sent incorporate the following change to behaviour change techniques: self-monitoring of behaviour (activity levels) , positive reinforcement, social support, habit formation, reframing, commitment, information about health consequences, information about social and emotional consequence, consideration of pros and cons of activity, comparative imaging of future outcomes and problems solving. Below are examples of how each of these techniques will be incorporated in to a text message.

Self-Monitoring of Behaviour

The text establishes a method for the person to monitor and record their behaviour.

Hi Carol. This is a reminder to wear your pedometer every day from when you wake up until you go to bed and log your step count in your activity diary.

Positive Reinforcement

The text provides verbal reward if there has been effort and/or progress in physical activity

Hi Geoff! Well done for maintaining your weekly step total - we realise how tough this can be each week! You are making fantastic progress - keep it up :-)

Social Support

The text provides encouragement and praise for the behaviour.

Hi Bob, we hope that everything is going well this week and you have started to make some small changes to increase your activity :-)

Habit Formation

The text prompts rehearsal and repetition of the behaviour in the same context repeatedly so that the context elicits the behaviour

Even if you're glued to your phone, you don't have to be glued to your seat! Make it a habit this week to talk and walk whenever possible :-)

Reframing

The text suggests the deliberate adoption of a new perspective on behaviour in order to change cognitions or emotions about performing the behaviour

Moving around more has benefits that you can't always see! Even if you're not losing weight, you're improving your health on the inside and that's more important!

Commitment

The text asks the person to affirm or reaffirm statements indicating commitment to change the behaviour

Make a commitment to yourself that you will leave the car at home or not get the bus for trips that are less than 2 miles this week!

Information about Health Consequences

The text provides information about the health related consequences of performing the behaviour

Remember that walking is the single most effective form of exercise to reduce your risk of type 2 diabetes - it even improves mood and relieves stress :-)

Information about Social and Emotional Consequences

The text provides information about social and environmental consequences of performing the behaviour

Hi Julie, by walking more and sitting less, you can really improve your mood and even your sleep quality- remember to make small changes wherever possible!

Pros and Cons

The text advises the person to identify and compare reasons for wanting (pros) and not wanting to (cons) change the behaviour

Thanks for the text :-) It's tough to stay motivated - why not try writing down a list of pros and cons of walking more each day?

Comparative Imagining of Future Outcomes

The text prompts or advises the imagining and comparing of future outcomes of changed versus unchanged behaviour

Hi Pete, in order to try and increase your activity, remind yourself why you want to be more active-what are the benefits that are most important to you?

Problem Solving

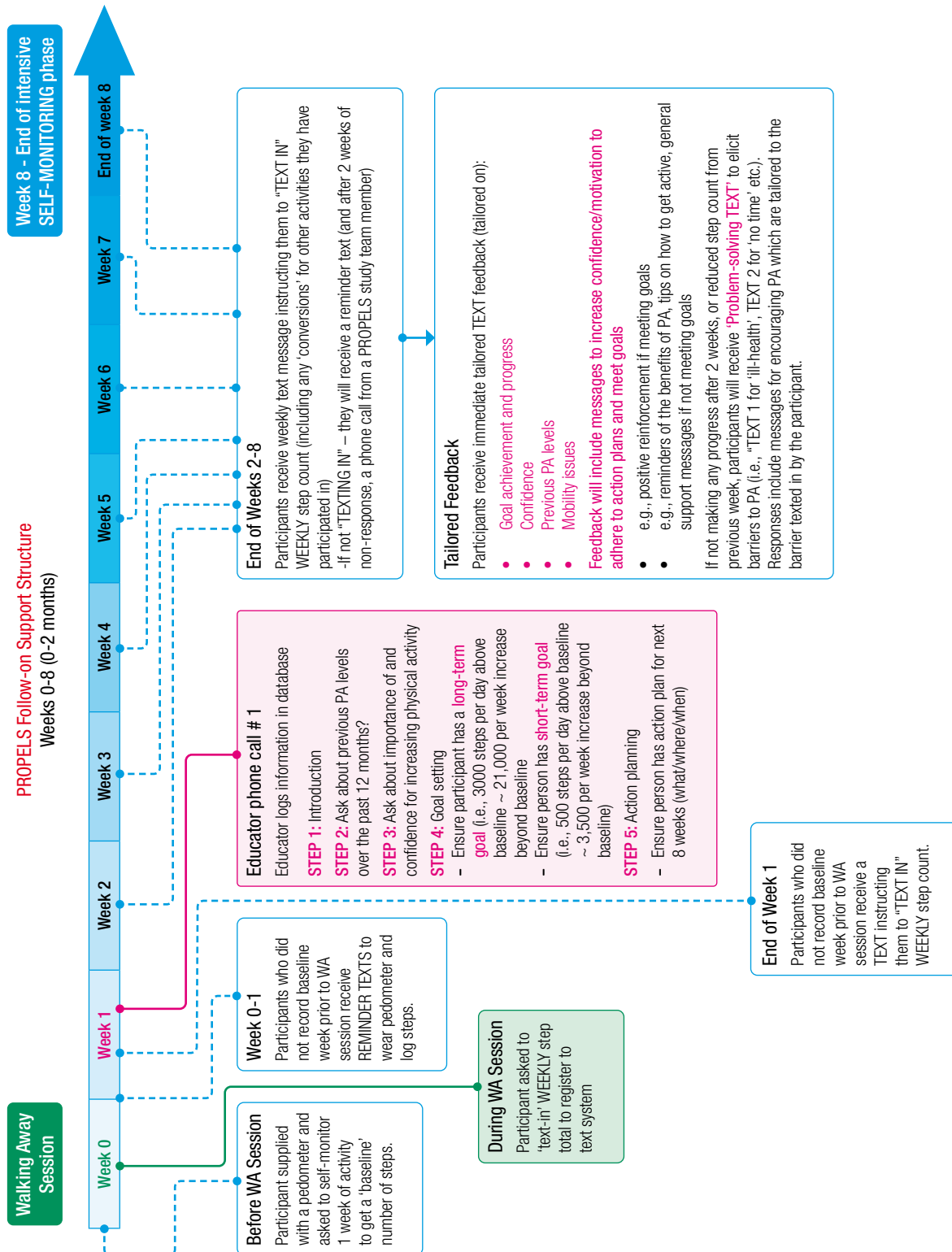
The text prompts the participant to analyse factors influencing the behaviour generate and select strategies that include overcoming barriers and/or increasing facilitators.

If you like ,you can let us know about any barriers you had last week? TEXT: 1 for ILL HEALTH/ INJURY, 2 for ENERGY/MOTIVATION, 3 for TIME, 4 for OTHER/NO barrier

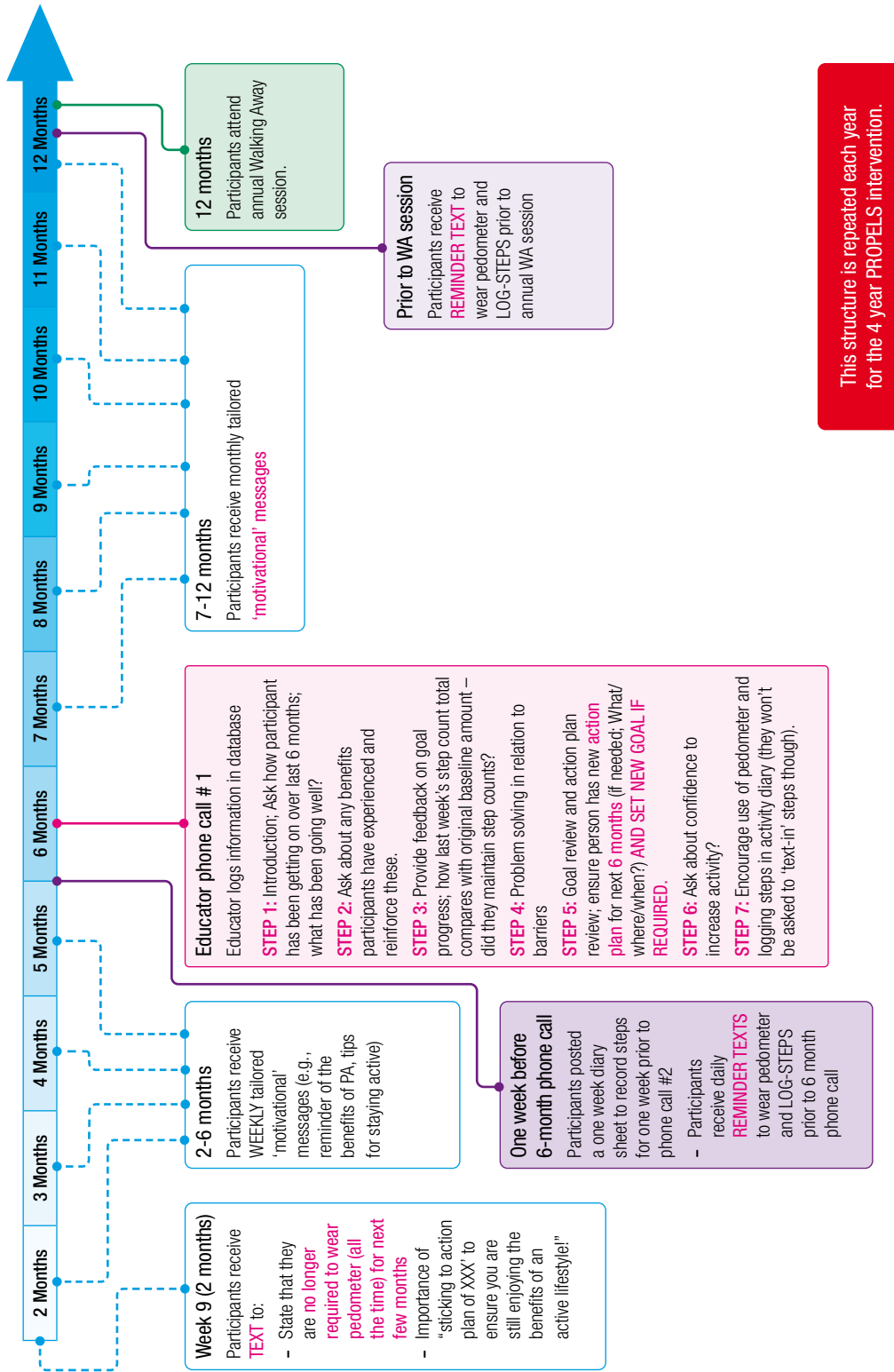
Sorry to hear you have not been 100% - try to keep moving as much as possible if you feel up to it. Hope you feel better soon :-)

Chapter 6: The PROPELS phone call support structure

This chapter outlines the structure of the phone call support intervention. It familiarises you with both the timings and objectives of your phone calls with participants. Please see below figure 1.2



PROPELS Follow-on Support Structure
Months 2-12



This structure is repeated each year for the 4 year PROPELS intervention.

Chapter 7: Practical guide for the phone calls

Week 1 phone call

When: The first phone call takes place approximately **one week after the education session every year.**

Objective of the phone call:

By the end of the phone call:

- The participant will have set a personalised long term and short term goal.
- The participant will have made a personalised action plan.
- Specific information regarding the participant's previous levels of physical activity, their confidence in increasing their activity and mobility issues will have been elicited and logged into the database so that they can receive appropriate automated text messages based on their individual characteristics.

Key Steps

Please see the core behaviour checklist on page 41 for an overview of the key steps that must be followed to ensure that the intervention is delivered as planned.

Sections in **blue boxes** require you to enter information into the online questionnaire as you are going through the phone call.

Before the phone call:

1. Log into PROPELS online interface using your educator ID# and enter the participant's PROPELS study ID number.
2. This will bring up an online questionnaire for that participant (as long as they have previously registered their phone to the system).

Prior to the phone call:

1. You will be provided with 'DUE CALLS' folder which will contain information on the participants requiring the phone call.
2. Set up the audio-recording software.

Step one: Introduction

1. Greet participant, introduce yourself and check that it is a convenient time for you to have a brief telephone chat (approx. 10 minutes). If it is not convenient, arrange a mutually convenient time to call.
2. If the participant has consented to the recording of their follow-on telephone calls, remind participant that as part of the quality assurance for the study, some calls are recorded. Ask permission to record the call. If permission is not granted, do not continue to record.
3. Use open questions to find out how the participant has been getting on wearing their pedometer and logging their steps in their activity log book over the last week i.e. what is going well? What is not going as well? Keep this section brief

Step two: Ask about previous activity levels

4. Use open questions to find out about the participants previous activity levels (i.e., get them to describe their PA over the last 12 months, what have they done, enjoyed doing)?

Log 1 if participant has **been active** over past 12 months (e.g., reports engaging in regular activity each week, such as regular walking (at least three times per week for 30 minutes or more), or other activities performed on a regular basis (e.g., golf three times per week))

Log 2 if participant has **not been active** over past 12 months (e.g., reports mostly sedentary activity or minimal activity such as occasional walking)

Step three: Ask about importance and confidence of being active

5. Using open questions ask the participant on a scale of 1 to 10, how important it is for them personally to be more active?

Log this self-reported **importance** score (e.g., 5)

6. Using open questions ask the participant how come they picked this number and not a lower number (e.g., “and not a 1 or a 2”)
7. Using open questions, ask the participant what would it take for them to rate the importance of being more active higher.
8. Using open questions ask the participant on a scale of 1 to 10, how confident they feel that they can be more active over the next 8 weeks?

Log this self-reported **confidence** score (e.g., 5)

9. Using open questions ask the participant “what made you pick” this number and not a lower number (e.g., “and not a 1 or a 2”)
10. Ask what it would take for them to be more confident about increasing their activity.

Step four: Confirm the participant’s long term and short term goals

11. If the participant attended the Walking Away from Diabetes session, using open questions, invite the participant to recall how many steps they need be walking to achieve a health benefit.
12. Remind participants (if they can’t recall the number of steps or if they did not attend the Walking Away from Diabetes session) that their **long term goal** would be to walk **3000 steps a day more than their baseline daily step count** (approximately 21,000 per week more than the weekly baseline total) and that their **short term goal** would be to walk **500 steps a day more than their daily baseline step count** (approximately 3,500 per week more than the weekly baseline total). Mention to the participant that making small changes, building up gradually and sticking to them is preferable to making large non sustainable changes.

If the participant has texted in their baseline step count during Walking Away session, these values will appear on the screen (ST goal and LT goal expressed as a **daily total** and **weekly total**). Ensure that the participant is aware of their own personal short term and long term goals in terms of daily and weekly STEPS to be achieved.

If there is no pedometer data see the ‘What if...?’ hand-out.

13. Check that the participant is happy with their goals. If not, ask the participant to explain why they are not happy and help them to set a more realistic short and long term goal. Manually enter a new short-term and/or long-term goal.

Step Five: Confirm participants' action plan

14. Using open questions, find out if the participant set themselves an action plan at the end of the Walking Away from Diabetes session (if they attended).

If the participant has a written action plan, go through it with the participant and check that it is specific, measurable, achievable, and realistic and with a timeframe. The action plan should ideally be around walking (encourage this where possible) but if the person has a serious mobility issue that prevent moderate intensity walking, log another activity.

If the participant has not set an action plan, help them to identify a short term realistic action plan, use the following steps to do this:

- Prompt the participant to consider all of the options that they could take to walk more
- Prompt the participant to consider which of these options they would be most likely and able to do
- Ensure that the plan is specific, measurable, achievable, and realistic and with a timeframe.

Log **WHAT** specific activity (e.g., brisk pace walking), **WHERE** (e.g., to shop), and **WHEN** (e.g., every weekday morning) into database using 1-3 words maximum for each 'row'.

Step Six: Log Mobility Issues

Log in database if participant has **serious mobility issues** that prevents 'walking' being the primary activity (you should not need to ask this directly – it should be apparent from the discussion)

- Log 1 = Yes (mobility issue preventing walking being the primary focus)
- Log 2 = No (no mobility problem)

Step Seven: Questions and next steps

15. Remind participant to use their activity diary to log steps every day for next 8 weeks.
16. Remind participants that they will receive messages from us asking them to text in their WEEKLY total (e.g., add up step total in their diary each week to text in once a week). They will also receive roughly one additional message per week containing tips of how to be active and stay motivated.
17. Remind participant to use the step converter, if needed, in the back of their activity diary (i.e., if doing any other activities other than walking).
18. Ask the participant any questions.
19. Thank the participant for talking to you and say goodbye.

- Log that the “one-week” phone call has been made:
 - Log 1= One week phone call completed
 - Log 2=One week phone call not completed
- Click ‘save changes’
- Logout of system

At the end of the phone call:

1. Complete the participants calls form to record attempted and completed calls
2. Save and label the digital recording.
3. Return the ‘DUE CALLS’ folder, recording equipment and saved recordings to the study coordination team.

6 month phone call

When: The second phone call takes place approximately 6 months after the education session every year.

Objective of the phone call:

By the end of the phone call you should have:

- **Helped participants to identify any benefits** they have experienced over the past 6 months in relation to their activity (in particular, affective benefits such as enjoyment, positive changes in mood).

Reinforced to participants any positive benefits they have reported.

- **Reviewed participant's goal progress:** Participants should have self-monitored their activity (step count) during the week prior to the 6 month phone call. You will have reviewed (with the participant) their progress over time (e.g., how did their last weekly total compare to the weekly totals reported over the first 8 weeks?)
- **Prompted participants to problem-solve any barriers** they may have faced .These barriers could be physical (e.g., bad weather) or affective (e.g., lack of enjoyment).
- **Reviewed the participant's confidence** to reach their long-term goal (this may have changed since week 1) and if required, reviewed and amend goals and action plans

Key Steps

Please see the core behaviour checklist on page 42 for an overview of the **key steps** that must be followed to ensure that the intervention is delivered as planned.

The sections in blue boxes require you to enter information into the online questionnaire as you are going through the phone call.

Before phone call:

1. Log into PROPELS online interface using your educator ID# & enter the participant's unique PROPELS ID number.
2. This will bring up the participant on the computer screen.

Prior to the phone call:

1. You will be provided with 'DUE CALLS' folder which will contain information on the participants requiring the phone call.
2. Set up the audio-recording software.

Step One: Introduction

1. Greet participant, introduce yourself and check that it is a convenient time to have a brief telephone chat. If it is not convenient, arrange a mutually convenient time to call.
2. If the participant has consented to the recording of their follow-on telephone calls, remind participant that as part of the quality assurance for the study, some calls are recorded. Ask permission to record the call. If permission is not granted, do not continue to record.
3. Using open questions, ask the participant how they are generally (try and keep this brief!)
4. Using open questions ask the participant how things have gone in relation to their physical activity over the last 6 months.

Step two: Identify any benefits experienced from being active and reinforce

5. Invite the participant to identify any benefits experienced (e.g., health/emotional/social). Ensure that you positively reinforce these.

Record the **benefits** that participants report (free –text: up to 3)

Step Three: Feedback on goal progress

6. Summarise goal progress by looking at the step count values that participant has texted in on the screen (i.e., did the participant previously meet short term goal during the initial 8 week period? Is there overall progress towards their long term goal? How does the most recent step count compare to the initial step counts from weeks 1-8?)

“So it seems that you initially increased and reached your short term goal after 6 weeks, then maintained this for the next 2 weeks, then slightly decreased during last weeks’ monitoring phase but still higher than when started which is great!”

Step Four: Identify facilitators and barriers to being active and problem solve

7. Using open questions, ask the participant to identify anything that helped them to be more active over the past 6 months.

Record the **facilitators** that the participant reports (free –text: up to 2)

8. Using open questions, ask the participant if anything got in the way of them being more active.

Record the **barriers** that participants report (free –text: up to 2)

9. Using open questions, prompt the participant to problem solve in relation to the barriers that they have identified. For example ‘how could you...? What could you do...?’

If the participant is struggling to come up with own solutions, don’t make suggestions – instead, ask open ended questions to find out more about potential obstacles (remember OARS strategies!)

Record **problem solving response** (free-text)

Step Five: Goal and action plan review

10. Using open questions, prompt the participant to review their initial long term and short term goals. For example, does the participant think he/she can increase their short term goal and/or long term goal?

Update long term and short term goals if required. Ensure that the participant is aware of updated goals and is happy with these changes.

11. Re-visit the participant's original action plan to determine whether this needs to be amended for next 6 months in light of the new goals.

To help the participant formulate a new action plan:

- Invite the participant to consider all of the options that they have to walk more.
- Invite the participant to consider which of the options they are most likely or able to do.
- Ensure that the plan is specific, measurable, achievable, and realistic and with a timeframe.

Update the participant's action plan on the database. Please log **what** (e.g., walking) **where, when** into database using 1-3 words maximum for each row.

Step Six: Update importance and confidence scores

12. Using open questions ask the participant on a scale of 1 to 10, how important it is being physically active for them at the moment?

Log this updated **importance** score (e.g., 5)

13. Using open questions ask the participant how come they picked this number and not a lower number (e.g., "and not a 1 or a 2"). Using open questions, ask the participant what would it take for them to rate the importance of being more active higher.

14. Using open questions ask the participant on a scale of 1 to 10, how confident they feel that they can achieve (or maintain) their long term goal over the next 6 months?

15. Using open questions ask the participant how come they picked this number and not and not a lower one?

Log this updated **confidence** score (e.g., 5)

16. Using open questions ask the participant "what made you pick" this number and not and not a lower number (e.g., "and not a 1 or a 2")

17. Ask what would need to happen for the participant to feel more confident about increasing activity?

Step Seven: questions and next steps

18. Invite the participant to ask any questions that they might have.
19. Remind the participant that they will still receive two texts per month (but not asked to reply to anything) to continue providing them with tips and new ideas for staying motivated and keeping active.
20. Thank the participant for talking to you and say goodbye.

- Log that the “6-month” phone call has been made:
 - Log 1 = Six month phone call completed
 - Log 2=Six month phone call not completed
- Click ‘save changes’
- Logout of system

At the ends of the phone call:

1. Complete the participant’s calls form to record attempted and completed calls
2. Save and label the digital recording.
3. Return the ‘DUE CALLS’ folder, recording equipment and saved recordings to the study coordination team.

Chapter 8: Intervention fidelity

Fidelity refers to the extent to which interventions are delivered as planned. For example, group 2 receives the Walking Away from Diabetes intervention, and group 3 will additionally receive follow-on support in the form of text messages and phone calls. We need to know two things if we want to draw valid conclusions about the effectiveness of Walking Away and the follow-on support intervention, respectively:

1. Were the Walking Away educational sessions and the follow-on support delivered as planned and consistently over time and across all educators?
2. Did groups 2 and 3 differ in the way that they were meant to differ, e.g., group 2 did not receive any text messages?

Unless we know that interventions have been delivered as planned, we don't know whether any lack of effectiveness is due to inadequate delivery (e.g., educators missing out key steps in the phone calls) or inadequacies inherent in the intervention itself (e.g., ineffective behaviour change techniques). It would also be unclear whether any positive outcomes produced by the intervention (e.g., participants increasing physical activity) were due to the planned intervention, or an effective component (e.g., different behaviour change techniques) that educators added to the planned intervention.

As described in Chapter 2, components of the PROPELS follow-on support include theoretical principles, behaviour change techniques and communication skills. We would encourage you to deliver the follow-on intervention as much as possible as planned (i.e. as outlined in the previous chapter for the phone calls), and use the behaviour change techniques and communication skills outlined in the previous chapters.

However, in practice it is difficult to deliver interventions exactly as planned. You will need to adapt your phone calls to the circumstances of individual participants, and some intervention components may look easy on paper, but are challenging to deliver in practice. The information gathered from fidelity assessments can help the PROPELS research team to better understand the challenges that you as an educator come across, when and why you have to adapt the intervention, how participants respond to your contacts with them, which aspects of the intervention work well and which ones not, and how the intervention may need to be adapted in different contexts and settings. Fidelity assessments are not only about finding out whether the intervention was delivered as planned, but learning from you and the other educators how the intervention plays out in practice and how it may need to be adapted in the future.

How we are promoting fidelity in the PROPELS follow-on support?

In order to promote fidelity within the PROPELS follow-on support intervention, we will seek to ensure that the initial follow-on support training session covers the key aspects of the intervention and enhances your confidence in delivering the phone calls. Beyond the initial training session, a mentor will be your point of contact should you have any questions or concerns relating to any aspects of the follow-on support. We will arrange for you to meet your mentor at certain points throughout the year to support you in making phone calls with participants and facilitating participant behaviour change.

We encourage all educators to follow the 'key steps' for the phone calls as much as possible, so that delivery is consistent across all educators and over time. In order to develop and retain the skills required for follow-on support delivery, you will be asked to audio-record the phone calls that you make. We encourage you to listen back to these recordings and complete the self-reflection log (see page 43) for each phone call. A random sample of your recordings, along with the completed self-reflection sheets, will be utilised and discussed within your meetings with your mentor. The mentor will provide you with constructive and supportive feedback on how you are doing, help you problem-solve any difficulties you're experiencing, and together you will identify ways in which you can meet the required criteria for delivery of the phone calls.

How we are assessing fidelity in the PROPELS follow-on support?

Text Messages

We will be keeping track of the number of text messages that each participant receives and also the number of text messages that each participant sends. For example, we want to know how many times participants input their step count and how many times they use the other available support functions such as the 'problem solving' texts.

This will allow us to assess the degree in which the participant engages with the text-messaging component. For example, if the participant is not receiving the messages as intended (due to any technical barriers), or not inputting their step counts, the follow-on support intervention is not being delivered and received as intended. In other words, the participants are not being exposed to the full range of behaviour change techniques that the text-messages provide.

Phone Calls

In order to assess the degree to which the phone call conversations contain all the 'active' ingredients (behaviour change techniques), all the phone calls will be audio-recorded. These audio-recordings will be used to assess the extent to which the week-1 and the 6-month phone calls are faithful to the protocol for each phone call. Specifically, a PROPELS researcher will listen to the tapes of the phone calls and assess to what extent the core aspects ('key steps') of the phone calls were delivered as planned. For example, during the week-1 phone call, was a step goal discussed and set with the participant, and was importance and confidence assessed? Similarly, during the 6-month phone call, did the educator review the participant's goals and amend these if necessary, and did they ask the participant to come up with suggestions about how to overcome potential barriers (problem solving)?

The 'core behaviours checklist' sheets on pages 41 and 42 outline what the assessor will be looking for when listening to the recordings during the week-1 and 6-month phone calls respectively. Each of these items will be assessed on a Likert scale with 1 for "not covered", 2 for "adequately covered" and 3 for "completely covered". The assessor will also rate the phone calls in terms of the key communication skills outlined on page 43.

PROPELS Core Behaviours Checklist - WEEK 1



Week 1 Phone Call	Yes/No
Greet participant	
Elicit (from participant) his/her experiences of wearing the pedometer and logging steps during week 1	
Elicit (from participant) information about his/her previous physical activity over the last 12 months	
Ask about importance of increasing physical activity (on a scale of 1-10) <ul style="list-style-type: none"> • Ask how come participant selected this number and not a lower number? • Ask what would need to happen in order in score higher? 	
Ask about confidence to increase physical activity (on a scale of 1-10) <ul style="list-style-type: none"> • Ask how come participant selected this number and not a lower number? • Ask what would need to happen in order in score higher? 	
Ask participant to recall (from education session) how many steps they should be aiming for in order to achieve health benefits.	
Re-iterate PROPELS long-term and short term goals in terms of weekly and daily steps (e.g., long-term = 3000 per day/21,000 per week above baseline; short-term = 500 per day/3500 per week above baseline)	
Explain importance of making small changes to work up to short-term goal initially, and long-term goal over the next 12 months	
Clarify what the participant's long-term and short terms goals are (e.g., specify exact step count that participant is aiming for in terms of daily amount and weekly amount)	
Ensure participant is happy with these step goals	
Confirm participant's action plan (what activity, where and when?)	
Remind participant to record daily steps using the activity diary for next 8 weeks and to text in once per week (once they receive the text from PROPELS)	
Remind participant to use the step converter in the back of the activity diary to record any activities that the pedometer cannot pick up	
Ask if participant has any questions.	

PROPELS Core Behaviours
Checklist - 6 MONTH



6 Month Phone Call	Yes/No
Greet participant and ask how they are (in general)	
Elicit (from participant) their experiences of increasing activity levels over the past 6 months.	
Elicit (from participant) any benefits they have experienced in relation to physical activity over the past 6 months.	
Reinforce the benefits that the participant highlights	
Summarise goal progress over the last 6 months (e.g., using values that the participant has texted in)	
Facilitators: Ask the participant to identify anything that helped them to be active over the past 6 months.	
Problem solving: Ask participants to identify anything that got in their way/barriers to activity.	
Problem solving: Ask participant to think about potential solutions to the barriers they highlight and reinforce these solutions.	
Goal review: Review the original goals set with participant and amend these if required (e.g., set new short term goal for next 6 months)	
Ensure participant is happy with these step goals	
Review action plan (does this need to change since initial phone call; what activity, where and when?)	
Ask about confidence to achieve long term goal over the 6 months (on a scale of 1-10) <ul style="list-style-type: none"> • Ask how come this number and not a lower number? • Ask what it would take for this to increase? 	
Remind participant that they will still receive 2 texts per months (e.g., tips and new ideas for staying motivated and keeping active) but they are not required to text in step count each week	
Encourage them to wear pedometer if they find it helpful and to keep recording steps (if finding this helpful).	
Ask if participant has any questions.	

PROPELS: Key Communication Skills Checklist



	1 - POOR	2	3 - EXCELLENT
Educator engages in brief social behaviour (e.g., greetings, personal remarks, social conversation) that is unrelated to the intervention (building and maintaining rapport)	educator engages in little (or no) social conversations, and gets straight into intervention delivery <input type="checkbox"/>	<input type="checkbox"/>	educator engages social conversation which builds and maintain rapport, but leaving sufficient time to deliver the core content <input type="checkbox"/>
Educator has a positive approach and attitude; is explicit but not negative about participant challenges and concerns (e.g. warmth and tone of voice)	educator sounds cold, distant, or unfriendly <input type="checkbox"/>	<input type="checkbox"/>	educator sounds warm, friendly, engaged, helpful, caring and compassionate <input type="checkbox"/>
Educator asks open-ended questions where possible	educator misses many opportunities to ask open-ended questions <input type="checkbox"/>	<input type="checkbox"/>	educator asks open questions at every possible opportunity <input type="checkbox"/>
Educator uses affirmations where possible to recognise and acknowledge participant's strengths	educator misses many opportunities for affirmations <input type="checkbox"/>	<input type="checkbox"/>	educator uses genuine affirmations when opportunities arise <input type="checkbox"/>
Listening Skills:			
Educator uses reflective listening where possible (e.g., seeking to understand the participant's experience, then to confirm it has been understood correctly)	educator does not seek to understand the participant's experiences or reflect it back to them to confirm understanding <input type="checkbox"/>	<input type="checkbox"/>	educator communicates that he/she has tried to understand participants' concerns (by reflecting the concern back to the participant) <input type="checkbox"/>
Educator listens to what participant is saying	educator interrupts participants when they are talking <input type="checkbox"/>	<input type="checkbox"/>	educator does not interrupt; listens to what participant is saying <input type="checkbox"/>
Educator uses summaries at key points during the conversation to bring together what the participant says about a given topic.	educator does not use summaries before moving on to the next key step <input type="checkbox"/>	<input type="checkbox"/>	educator uses short but succinct summaries before moving on to the next key step. <input type="checkbox"/>
Educator allows participants to come up with their own suggestions/solutions rather than telling them what to do	educator tells participants what to do; offers suggestions without letting participants think for themselves <input type="checkbox"/>	<input type="checkbox"/>	educator allows and encourages participant to come up with their own ideas and solutions <input type="checkbox"/>
Educator does not talk most of the time (i.e., participant talks most of the time)	educator talks for most of the phone call (>75%) <input type="checkbox"/>	<input type="checkbox"/>	Participant does most of the talking (>75%) <input type="checkbox"/>

PROPELS Educator Phone
Calls Reflection Sheet

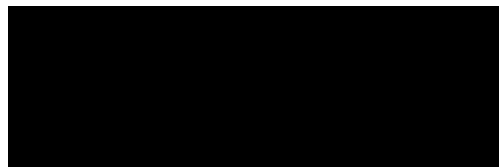


Date of phone call:	Time of phone call:
<p>Identify 3 things that went well during the phone call?</p> <p>1.</p> <p>2.</p> <p>3.</p>	
<p>Any challenges? (if yes, what happened and what are your thoughts as to why this happened)</p>	
<p>What could you have done or said differently?</p>	
<p>How can I improve this?</p>	

Walking Away from Diabetes

PROPELS Educator
Follow-On
Support Curriculum

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propels
The Promotion Of Physical activity through structured
Education with differing Levels of ongoing Support
for those with prediabetes (PROPELS): randomised
controlled trial in a diverse multi-ethnic community