



City Research Online

City St George's, University of London

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. To cite this item please consult the publisher's version.

Permanent repository link: <https://city-ref-test.eprints-hosting.org/id/eprint/3732/>

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

Copyright and Reuse: Copyright and Moral Rights remain with the author(s) and/or copyright holders. Copies of full items can be used for personal research or study, educational, or not-for-profit purposes without prior permission or charge, unless otherwise indicated, 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. For full details of reuse please refer to [City Research Online policy](#).

SUPPLEMENTARY MATERIALS

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

PRE-QUIT SESSIONS (n=22 BCTs)	-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)	-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	21/2	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%)
