Using implementation intentions to prevent relapse after psychological treatment for depression - the SMArT intervention

- Supplementary report on feedback from service users.

Mike Lucockab\*, Serena Bartysb, Jade Cupaca, Jaime Delgadilloc, Charlotte Dentond, Sarah Gainese, Dean McMillanf, Andrew Prestwichg and Rick Stebbingsa

1. South West Yorkshire Partnership NHS Foundation Trust, UK
2. Centre for Applied Research in Health, University of Huddersfield, UK
3. Clinical Psychology Unit, Department of Psychology, University of Sheffield, UK
4. University of Birmingham
5. **Sheffield** Health and **Social Care NHS Foundation Trust**
6. Department of Health Sciences and Hull York Medical School, University of York, UK
7. School of Psychology, University of Leeds, UK

Analysis: Six patients, all of whom had completed the intervention, were interviewed via telephone after the SMArT intervention to provide feedback on how acceptable, and effective the intervention was for them. Notes were taken by the researcher and these were interpreted using thematic analysis techniques. Thematic analysis is used extensively as both an integral part of more in-depth qualitative methodologies and as a method in its own right, and is recognised as a particularly appropriate method for exploratory qualitative work (Braun and Clarke, 2006).

Qualitative feedback

Brief feedback was provided via telephone, with the focus being largely on patients’ views on the acceptability and effectiveness of the SMArT intervention (see appendix for interview schedule). Results are presented to reflect responses to questions on the interview schedule, but some of the feedback also provided insight into patients’ experience of self-management after therapy. Therefore, the feedback data are organised into the following eight ‘themes’:

1. Experience and expectations of receiving an intervention after therapy ended.

All patients reported feeling reassured to have further contact with someone after the end of therapy:

*“It was a nice bridge, not just a full stop and then you are on your own. It was comforting knowing that things were left open if needed”*

*“Nice knowing that someone was going to be checking in”*

*“I liked knowing I wasn’t going to be on my own, this definitely helped with feeling alone and scared after finishing therapy”*

*“I was scared I was going to be left to my own devices”*

*“I felt empty and lost, going back to how I felt before – I needed this”*

However, some patients expected the intervention to act as a continuation of therapy and felt they were not informed of this, or that a quicker start time would have helped:

*“In an ideal world, I would have liked more therapy”*

*“I didn’t know what it was going to be, but I didn’t want therapy to just end. I would have preferred to have had an agreed end-point”*

 *“A quicker contact up after therapy had finished would have helped”*

1. Experience of first face-to-face session

All the patients reported they found the first face-to-face meeting with their PWP helpful in terms of explaining the intervention, and that this relationship was important:

*“Made it more personal”*

*“I enjoyed having that one-on-one contact with someone”*

*“This session was helpful as it helped me understand what I would be doing”*

*“It was lovely knowing who I would be talking to, and it geared me up to know what to expect”*

*“It helped me manage my expectations, that it was going to be down to me”*

*“I found this session more than helpful – I could open up and talk about all my problems, it was very personal and supportive. It was a really good introduction, she [the PWP] checked my understanding and asked my opinion – I felt it was a ‘50/50’ discussion – no-one was telling me what to do”*

However, one patient reported she didn’t feel the same connection with the PWP who delivered the SMArT IMPS intervention, so wasn’t as inclined to carry out the plans:

*“I felt guilty about letting her down, but the connection isn’t the same as before”*

1. Agreeing and implementing plans

All patients felt that, as part of this first session, understanding the nature of their plans was particularly helpful:

*“They were my goals, not someone else’s, and they were flexible”*

*“I think we both learned something, I gave her (the PWP) some ideas and hopefully they can be used to help someone else”*

*“It helped to know I was building on something from before that I had found helpful, not starting from scratch again”*

*“I found the ‘what-ifs’ helpful, but only needed to use them twice”*

*“Setting the plans helped me focus”*

 *“Because they were my plans, it felt more important that I achieve them – they were not somebody else’s and so I wanted to prove to myself that I could do them”*

All patients felt that setting up to 5 plans was manageable:

*“It’s not overwhelming, helps me to see I need to take small steps”*

*“They are short-term goals so you can replace them with another one when you need to”*

*“It made me slow down, accept that it’s going to take time”*

*“I set 3 at the beginning and wanted to master them first before I added some more”*

All patients felt that by setting plans, with PWPs following up, it made it easier to carry them out and for them to become routine:

*“I was more determined to chase things up that I had planned, to make it happen”*

*“Because I’d set the plans with her (the PWP), it motivated me to do them. She would be checking up on me. If it was just me, then I wouldn’t have done it. Now it’s become habit”*

*“It helps to set up habits and routine activities, it changed my thought process”*

*“I am still doing them every day – they are tied into my self-esteem because they’re mine”*

But all patients reported some difficulty:

*“It wasn’t very helpful to stick to such a stringent plan in my own environment”*

*“Trying to come up with them was hard in the beginning”*

*“If I didn’t stick to them, I felt I had failed or done something wrong”*

*“I felt guilty, like I was letting her (the PWP) down”*

*“Sometimes I just didn’t do them, but I can’t think why”*

*“I tried my best, but sometimes I just didn’t manage to do some things – some were easier than others”*

1. Use of diaries to monitor progress

Some patients found the use of the diaries particularly helpful in terms of being able to monitor their progress:

*“When I look back at my diary, I can see I have come a long way, further than I thought. I am proud of how far I have come. This is a good reminder for when I’m feeling down”*

*“It helps to be reminded of my coping mechanisms and what I need to do the next day”*

*“When everything is written down in front of me, it gives me a sense of achievement”*

*“I like to see how much I am doing”*

However, all of the patients also reported disadvantages to completing the diaries as required:

*“It is too repetitive”*

*“It’s far too clerical, more counselling would be better”*

*“Too much paperwork, a pressure of paperwork, especially when you’re feeling down”*

But some reported how they had adapted this process to suit them:

*“I didn’t have time to complete the diaries every day, so I did them every other day. I do this at the end of the day so I don’t forget how much I’ve done”*

*“I devised a checklist which was quicker, and I did other things instead – 10 minute jobs – that felt more achievable”*

1. Mode and frequency of sessions

The majority of patients were happy that follow-up contact was done over the telephone, and the 4-week time interval was acceptable:

*“This made it less pressurised, sometimes it’s more stressful to come to a face-to-face meeting, especially when you’re not feeling up to it”*

*“I enjoy this contact”*

*“I could fit them round my other commitments”*

*“It was nice to know the phone calls were scheduled, knowing someone would be contacting me”*

*“It gave me time to work through everything myself, I learnt to do things for myself in between”*

*“It was lovely just talking and listening to advice. They were professional, caring and considerate”*

*“Making these appointments was always a mutual agreement and I felt reassured that I could contact them to rearrange if needed – that flexibility was important”*

However, one patient felt that 4 weeks was too long sometimes:

*“I wish I could have spoken to her earlier, but I understood – it just didn’t work very well when I felt down*

1. Involving others in implementing plans

The majority of patients reported involving others in their plans was helpful:

*“Even if it’s just to call a friend and say ‘hello’ in the morning, or ‘goodbye’ at night”*

 *“One of my plans to was to go out with people more, and to find friends through work”*

*“My wife, family and some close friends are all in on it – they come and do things with me as they know I can’t just sit at home with my head in my hands”*

However, some indicated a lack of support from others (which may in itself compound the patient’s condition):

*“My husband is not supportive so I didn’t tell him”*

*“I didn’t tell anyone else, people think you’re doing OK so I would have to explain”*

*“I think all this started because of where I used to work, they just don’t want to know” [got upset talking about it]*

Two patients felt that participating in the SMarT intervention ‘validated’ their reasons for asking for continued support after therapy, and that this motivated others in being part of their plans:

*“Because I could say it was part of a management plan, I didn’t feel silly asking. I told them they were part of my plans in case I felt down”*

*“Once I told them it was part of a plan, they all involved themselves – I asked for help sometimes, but others just turned up to help”*

1. Difficulties and barriers to implementing plans

When asked about reasons for not sticking to the plans, these were reported as being due to external factors largely out of their control, but the majority of patients stated they used the ‘*if-then’* strategies:

 *“I had a bereavement and just didn’t feel like doing anything much, but I did different things I felt I could manage”*

*“The weather wasn’t good so I didn’t go out, but I did read instead”*

*“She didn’t call me back so I didn’t want to call her again, so I called another friend instead”*

1. Overall feedback on the extent to which the intervention helped them to stay well.

Overall, all the patients reported that the intervention was helping them to stay well:

*“It’s given me a feeling of control, like I can manage by myself. I can come up with the plans myself”*

*“I’m not usually very good at doing things for myself, but it’s helped me to do those things more automatically”*

*“I’m so much better than I was and it’s definitely due to this”*

*“It’s given me a different way of looking at things in the long-term. If something isn’t working, I can just try another strategy”*

*“It’s helped me see how far I’ve come, but also accept that there will be ups and downs, but now I know how to react to them”*

*“It’s helped me to stick to what I hoped to do – some came quicker than others, some are still being worked on – but it’s all ‘on the up’. The encouragement and support I received, and not being told what to do was the most helpful bit, it’s made me see things from a different angle”.*

Reference

Braun, V., Clarke, V. (2006) Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3, 77–101

Interview guide for telephone feedback interviews with patients after the intervention.

Self-Management After Therapy – the SMArT project.

We are very interested in your views about your sessions after therapy and how helpful they were to you. Your feedback should benefit patients in the future by developing effective ways to help people stay well after therapy. So we really appreciate you taking the time to share your thoughts and answering the following questions about your experience.

1. Overall, do you think the face to face and telephone sessions were helpful in terms of supporting you to stay well?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Very unhelpful | Quite unhelpful | Not sure | Quite helpful | Very helpful |
| 0 | 1 | 2 | 3 | 4 |

What, if anything, was helpful about it?

What, if anything, was unhelpful about it?

1. How helpful was the first meeting with the Psychological Wellbeing Practitioner?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Very unhelpful | Quite unhelpful | Not sure | Quite helpful | Very helpful |
| 0 | 1 | 2 | 3 | 4 |

What if anything, was helpful about it?

What if anything was unhelpful about it?

1. How helpful were the sessions on the phone?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Very unhelpful | Quite unhelpful | Not sure | Quite helpful | Very helpful |
| 0 | 1 | 2 | 3 | 4 |

What if anything, was helpful about them?

What if anything was unhelpful about them?

1. How easy was it to set yourself specific plans?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Very difficult | Quite difficult | Not sure | Quite easy | Very easy |
| 0 | 1 | 2 | 3 | 4 |

1. How many plans did you set yourself? ……………………
2. How helpful was it to set yourself specific plans?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Very unhelpful | Quite unhelpful | Not sure | Quite helpful | Very helpful |
| 0 | 1 | 2 | 3 | 4 |

What if anything, was helpful about setting plans?

What if anything was unhelpful about setting plans?

Did you involve anybody else in your plans, e.g. spouse/partner/close family member or friend (either by telling them about your plans or asking them to be part of them)?

1. Did setting plans make you more likely to carry them out? Yes/No

If it did make it more likely to carry out the plan, why was it?

If it did not make it more likely, what was that?

If you involved anybody else in your plans, how helpful or unhelpful did you find this in carrying them out?

1. Overall, what was most helpful about the sessions?
2. Overall, what was unhelpful, or how could it have been improved?

10. Do you feel the sessions helped you to stick to your aims and accomplish your goals?

Thanks very much for providing this feedback to us.