Telephone Coaching to Support Adherence to Internet Interventions (TeleCoach) ©

Coach Manual
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Introduction

TeleCoach is designed to help patients adhere to internet interventions. It is designed for use by non-mental health providers. Because it focuses on adherence to internet interventions and not on the treatments provided by those websites, TeleCoach can potentially be used by a wide variety of internet interventions.

TeleCoach functions primarily by creating accountability and promoting internal values associated with adherence. To accomplish this TeleCoach

1. The telephone coach must be seen as trustworthy, benevolent, and having the necessary expertise. That is, the coach must be seen as having the patient’s best interest at heart and have expertise in the intervention model.
2. The relationship should be framed as including reciprocity, in which the patient can expect to receive definable benefits from the coach. This involves having the patient identify treatment related goals (e.g. logging into the site a given number of times), and identifying the coach role as supporting that role.
3. The coach should be specific about which outcomes are expected. These goals should be focused on logging in and using the website and not on any goals related that are the focus of the internet intervention.
4. The coach must monitor adherence and the internet intervention much support that monitoring. Monitoring adherence is the core of accountability.
5. When the patient is non adherent, the coach should gently hold the patient accountable by asking the patient to describe why the adherence goal was not met. This can be done by pointing out the discrepancy between the goal and the patients own goals (e.g. internalized goals and values).
6. These accountability processes must be clarified at the beginning of treatment. Adequate justification must be provided. To ensure internalization of values, patient agreement with these processes must be obtained prior to implementation.
7. Success in meeting goals should be verbally rewarded and encouraged.
Engagement Session Outline (approximately 30 minutes)

The goal of this brief “get to know you” session is to increase motivation for participating in the counseling program. By the end of the session we’d like to have our participants express DARN-C (desire and reasons for, and ability and need to make changes in depression management). In order to elicit talk about the importance of change and of participating in the program, our participants must feel fully understood in a way that goes beyond the information collected in our research assessments.

The engagement session is semi-structured and has six phases: understanding the context of our participants lives (elicit their story), eliciting their coping and treatment history and hopes for treatment, providing feedback and very brief psychoeducation, identifying potential barriers and problem solving, going over the moodManager program and the roles and hopefully, eliciting commitment to adhere to the moodManager program, elicit commitment to the process of TeleCoaching.

1. Introduction
   • Introduce yourself: Welcome to the program, I’m _____, [provide explanation of expertise]. I will be working as your coach during your participation in the moodManager program.
   • Set the agenda/purpose of call: I was hoping we could get to know each other a little better today and talk about what to expect from this program, as well as answering any questions you might have.
   • Cover confidentiality issues
   • Thank you for filling out the questionnaires – I know you had to fill out a lot of. This is a chance for us to have more of a conversation about.

2. Have the participant tell his/her story (both mood and social context).
   • Before we get started with the moodManager program, I wonder if you could tell me how things have been going for you and how you have been feeling lately.
   • Elicit participant’s understanding of his/her depression, its contributors and how it is interfering with his/her life.
   • What is the social context of the client’s depression?
   • Why did the participant decide to participate in this study?
   • Use your MI skills (e.g., complex reflection of meaning and feelings, affirmations, asking for elaboration) to get at the story. Then summarize, showing you’ve heard, crystallize his/her dilemma, highlight his/her concerns and wishes (e.g., “Let me see if I’m understanding the situation….”).
   • If patient is guarded, it’s okay to probe for more personal information (e.g, “How do you typically spend your time?; How would you describe your mood on an
average day?; What are the primary stressors in your life right now?”) and be sure to ask open-ended questions.

3. **Elicit history and hopes.** ‘Have there been times in the past that you’ve felt the way you feel now?’ ‘How have you coped?’

   - Elicit history of previous depressions, past and current efforts at coping. **Affirm participant’s strengths with each.**
   
   - Elicit participant’s perceptions of counseling for depression, asking about their own experience or that of family member, friends, celebrities, etc.
   
   - Elicit hopes and fears for moodManager program re: depression management. “What would you like to be different at the end of this program?” “If this program were to work exactly the way you hope, what would life be like two months from now?”
   
   - During this discussion look for opportunities to help the participant see how moodManager can provide what he/she is hoping for; note consistencies between our treatment approach and the participant’s wishes. (e.g., “You mentioned that spending time with friends and making time to exercise helps you feel better. This program is going to help you find ways to do more of those types of activities.”)
   
   - Make sure to surface all ambivalence about participating in the program and making behavior changes. Ask about pros and cons etc. Use double-sided reflections to summarize.

4. **Provide feedback and brief psychoeducation, always using the elicit-provide-elicitation approach.** (Be sure to access the participant’s PHQ-9 scores beforehand).

   **Feedback:**

   - Elicit: *Would it be ok with you if I shared some of the results from the questionnaires you filled out? I’m specifically referring to those questions you filled out online in response to the ad.*

   - Provide: *Like you told me before, you’re having trouble ____ and ____ (try to tie back answers from PHQ to data given earlier by the patient). When I add up the scores, it comes out to a _____ (mild, moderate depression, etc). Is this how you would describe it?*

   - Elicit: *“What do you make of this? How does this sound to you?”*
Psychoeducation:

- Elicit: “What do you know about depressive symptoms and their treatment?”

- Provide:
  - Depression is not just a “mental” problem—it affects you mentally, emotionally and physically. It affects how you think and how you behave.
  - Depression is very common
  - Depression has many causes [integrate their explanatory model], but most importantly it’s not your fault.
  - Depression can be effectively treated

- Elicit: “What are your thoughts?”

5. MoodManager program and coach’s role:

- Elicit: “What do you already know about the program?”

- Provide:
  - This is a website designed to help people with depression learn how to manage and prevent their symptoms. It contains different modules which will assist you in learning concepts that affect your mood, thoughts, and behaviors. The program also contains tools that will help you put these concepts into practice and implement them into your daily life.

- Elicit: “Are you familiar with [describe internet intervention]?”

- Provide:
  - Brief description of CBT (e.g., “This program is based on an approach called cognitive behavioral therapy. This is a well-researched approach that has been repeatedly shown to be an effective treatment for depression. This program will help you to learn these skills so that you can cope with your depression more effectively and hopefully start to feel better).
  - If they want to know more about CBT, you can give examples of the types of skills it will teach (e.g., “CBT teaches us things that we all know are going to be helpful, but are hard to put into place. For example, we all know that we will feel better if we exercise, but sometimes it’s just hard to get started. Or, we know that it doesn’t help our mood when we always focus on negative aspects of a situation. So this program will give little instructions and guidance on how to make these kinds of changes”).
  - Place holder for criteria to reduce calls

- Elicit: “What do you know about my role as your coach?”

- Provide:
  - Brief description of coach’s role (e.g., “As your coach I will be supporting you in learning how to use the program well. I will not be providing
therapy, but will be available to help you use the program. So, the program itself will actually give you the skills to manage your depression, not me. I will be able to see the work that you have been doing and will be checking in with you to see how it is going with the program”).

- Expectations for future contact: We will schedule 5-10 minute phone calls each week to check in on how things are going and see if you have any questions. I will also be staying in touch through email. You can always contact me by email if you have any questions.
- Accountability expectations: “When we talk, we’ll review any difficulties you’ve been having with the [internet intervention]. Most people find it fairly easy to use and log in, but sometimes people have difficulties. If you do, we can discuss those difficulties when we speak on the phone. Does that sound OK?”

- Elicit: Does this make sense? What do you think of this role? How is it going to work for you?

5. Identify barriers to participating in program and problem solve. “Beyond the concerns you talked about already (name them), what might keep you from participating in the moodManager program?”

- Probe for psychological (fears, doubts, guilt, etc.) and cultural concerns (stigma, therapist age/race/culture) first. (e.g., “Some people have concerns about what it means that they are getting help for their mood or feel guilty about taking time for themselves instead of putting all their effort into taking care of their families, or have doubts about whether or not it might help. It wouldn’t be unusual if you had some doubts like these. Do any of these apply to you?”).
- Talk about the practical concerns last. “What might make it hard for you to participate, even if you wanted and intended to?” (time, other responsibilities, access to a computer).

6. Elicit commitment

- Give a grand summary, summarizing the participant’s story, dilemma, and strengths, ambivalence about counseling, highlight “change talk” and perceived positives of the counseling program, barriers and solutions.

- Outline next steps, discuss expectations about timing, scheduling of calls, etc. Find out when they intend to begin using the program.

- Elicit commitment “How does this sound to you? Is this what you want to do?”
• Instill hope. Affirm participation in this session and his/her strengths; recall session positives and express optimism. "You’ve taken the first step towards feeling better…"

• Leave the door open: “something could happen at the last minute- if you’re unable to use the program as planned, you can reschedule and we are happy to help.”

7. Assist patient with their first log-in: “If you’re ready, let’s walk through the login process.”
   • Describe different aspects of the program (modules, tools, appt. scheduling) and explain how participants can change their password.
   • Schedule follow up phone session in 1 week.

8. Set Goal: “Now that you’ve tried it, how many times do you think you can log in over the coming week?
   • Clarify that daily logins are preferable, but it is better to have a goal that is achievable.
Follow up Phone Calls

The purpose of the follow up phone calls is to keep participants motivated to use the program and to help them troubleshoot any problems that may interfere with usage. This is an opportunity to help the participant clarify what about moodManager is working well for them as well as address any problems. Calls should last approximately 5-10 minutes and use motivational interviewing principles to elicit commitment to the program.

Prior to call, check participant’s weekly logins, module status and tool usage. Ideally, be prepared with something positive to reinforce (Great use of the Activity Diary this week! What did you learn?) or a problem to query (Seems like you didn’t use the Thought Diary this week. Did you have some questions about that?) in case the participant doesn’t bring up any specifics.

Set agenda with the expectations for the call:

I’m going to check in with you for 5-10 minutes about how it has been going using moodManager.

How is it going?

What do you like? What do you not like? Elicit feedback and opinions about the site.

Give plenty of affirmations for having logged on.

What was most interesting and useful of what you learned/tryed?

What did you learn? Act as if you don’t know anything about the program

In response to problems raised – How can the problem be addressed using the program?

Is there anything else I can be helpful with?

Don’t go around in circles or repeat things! Keep calls short and to the point.
When people had difficulty meeting their adherence goals

Have them articulate reason for wanting to login

_Why are you interested in doing this?_

Assess barriers
_What has been getting in the way? Anything else?_

If the person is feeling good and not logging in:

- _I realize you might be feeling good right now, but can you think of reasons why anyone would want to do this? (if they can’t articulate any reasons, you can suggest possible reasons why someone might want to continue logging in- e.g., preventing future episodes of depression)._

If the person is too busy to login:

- Again, have them articulate reasons for wanting to use the program
- Help problem solve how they can fit this in their schedule.
- Encourage them to make a commitment to trying to log in sometime in the next couple of days. Ask if there is any other way that you can be helpful in getting them using the program again (e.g., “Is it alright if I follow-up with you by email in a few days to check-in on how it went?”).
- If participant is resistant to committing to a time to log in, reiterate that it is completely up to them, when and how much they use the program (e.g., “I realize that you are busy and this program isn’t really on your radar right now. I’m confident that when you have time and interest you will get back to it”).
- If person is vague/does not provide explanation for why they aren’t using the program, it is okay to probe: “I’m wondering if you aren’t finding the program useful or if you are feeling discouraged”
Specific Areas

Activity Scheduling: Going Well

Highlighting connection between activity and mood. Highlighting self efficacy –  
*Even when it’s hard to do something, you are able to follow through.*

MI+ : possibly discuss difference between accomplishment and pleasure  
MI: always refer questions back to the program

Activity Scheduling: Poor adherence

Explore and understand why. Is it an importance or a confidence issue?

*Setting a time for ___ didn’t work out. I’d like to get a sense of what was going on.*

*What do you imagine you would get out of the activity?*

Thought records: Going well

Find out what is going well and use that to craft affirmation.  “You’ve discovered that doing ______ helps you to feel better!”

*If someone else was just getting started with this, what would you tell them?*

*What would you tell your 8-weeks-ago-self about this?*

Thought records: Poor adherence

- Explore and understand why. Is it an importance or a confidence issue? Is it a skills deficit?
- If it’s a skills deficit, go to “difficulty learning concepts”? or provide feedback on a specific thought record:  
  *It seemed to me that your thought record was more describing events than thoughts. Did it feel like you got stuck there?*

- If you can’t build motivation for new things, go back to what worked in the past. Ie encourage them to continue using activity monitoring if that had been helpful

- To help build motivation, explore benefits of continuing to try a new skill (“you seem to be comfortable in the ways that you are dealing with your depression, but on the other hand your PHQ score/mood score has been fairly stable. I wonder if you might get a bump in your score by trying something different. What do you think of that?”). Also, try to get the participant’s agreement to continue trying the skill (“how many times might it be helpful for you to know that you gave it a really good shot?”).
Final Session

What has been most helpful? How can you integrate it into your life?

Where will you go from here? How will you continue to use these skills?
Troubleshooting

Managing Session Length – aim for 5-10 minutes

In order to keep the time, reflection followed by directive question
That sounds like a tough time. Where you able to use your positive activities/thought records/etc to keep your mood under control even during this tough time?

I’m noticing the clock and we’ve already at about 10 minutes. I don’t want to take up too much time, as this is supposed to be about doing things on your own time. Anything else?

We have about 3 minutes left – anything else we should talk about?

It sounds like you want to talk about x,y and z but I would like to make sure we also talk about ___.


Difficult learning concepts in the internet intervention

Some patients may have difficulty learning concepts in the internet intervention. If the patient is identifying a problem, contact the internet treatment development team and let them know. Whether or not the site is contributing to the learning difficulty, assist the patient in figuring out how to figure out or resolve the question. For example:

Plenty of people have difficulty with this. We’ve created methods to help people learn how to do this. What did you try to learn this? Did you try reading the helpful questions? It’s completely up to you what parts you use. Some parts may be more helpful to you than others. How will you know if this will be helpful for you or not?
Protocol for Suicidal Ideation
Mild ideation/Entirely Passive: Check in after 4 weeks
Plan/Active Thoughts/Greater than a 1: Check in every phone call

Assess risk factor at engagement session: Substance use, access to materials in plan, hopelessness, etc

Would it be ok if I checked in with you about this each time we talk?

After a couple of weeks w/no endorsement of SI
It seems like you’ve been managing this ok for the past few weeks. Will you tell me if it returns?
Participant is using program but not improving

I’ve noticed you seem to be doing things right – using the program, being active, etc – but you don’t seem to be feeling better. What do you make of this? This is puzzling to me.

Turn hesitations about CBT to thought records – ie thoughts like “this will never work” or “I’m a failure if this doesn’t work.”
Criteria to reduce the frequency of calls – add in criteria

Some protocols will permit the coach and patient to begin reducing the frequency of calls.

*Are these calls helpful for keeping you on track? It seems like you’re doing better and these phone calls may not be necessary. As we talked about in the beginning, we would check in more frequently but as you get a better handle on things yourself, we’d start to taper off the calls. Maybe we could check in by email instead of by phone and see how that works?*

*I noticed you log in right before the phone call. Are these calls helpful for keeping you on track? Do you think emails would also be as helpful?*
Problem solving with the patient

When problem solving with a pt, suggest trying a behavioral experiment. Suggest they try out the solution you developed at least once and report back what it was like.

Even if they give some reasons for problems, go ahead and fish.:  
*Are there other things that might be getting in the way? Sometimes people tell me.... “*

*I wonder if you’re not finding this very helpful or if you’re feeling discouraged?*
If login drops off between Unhelpful Thoughts and Challenging Thoughts

Encourage pt to notice thoughts but not to judge them.

*Step back and notice thoughts. Be a thought scientist. Put on your lab coat and just observe. Rate thoughts but don’t focus on them. Just notice the thoughts.*
Criteria for Reducing Calls

1) Level of depression (decreasing)
2) Calls for the first 6 weeks, then reduce to every other week
3) Login in frequency – once a week or less requires weekly call
TABI email guidelines

Email Guidelines: Email at least weekly, ideally timed between phone calls; 1-2 therapist initiated emails per week - situations described below trigger emails

Email is for emotional support and tech support NOT therapy. Respond with support and redirect to program - “We can talk about ways the program can be helpful with this at our next call.”

Respond to every email, unless it goes above 4 emails per week.

General guidelines for troubleshooting via email:
MI – always direct back to website (ie “The program has some methods to help people learn how to identify their thoughts. For example, there is a link to helpful “examples” in the thought diary tool.”)

MI+ - make suggestions, give examples (ie “You listed your thought after the doctor’s visit as “depressed.” What were you thinking about at that time? Was it that you were upset by something the doctor told you? Sad about what a particular diagnosis might mean for you in the future?”)
Email following the first log in:

I saw that you logged in for the first time. You’ve taken an important step towards feeling better! I just wanted to check in and see how it went.

I want to remind you that I am available via phone or email should you ever have any questions. Generally, I respond to email within 24 hours during the week and I’m not available during the weekend. As you move through the program, I’ll be following your progress to make sure you’re on the right track. We can discuss any problems you might encounter either on email or during one of our phone calls. We’re going to work together to help you get the most out of this program!

We have a call scheduled for _______, but if you have questions, we could schedule a call sooner. Please let me know if you are interested in doing that.

If they fail to login within patient determined number of days of engagement call:

I see that you haven’t logged in to moodManager yet. I wanted to check in and see if everything was ok. We have a call scheduled for _______, but if you have questions, we could schedule a call sooner. Please let me know if you are interested in doing that. If you are having technical problems, please call _______ for assistance.
Email Responses

Two logins in a row mood is worse:

Supportive email, check in. (ie “I’ve noticed your mood seems to have been worse over the past couple of days. I wanted to check in and see if everything was ok.”)

Two logins in a row mood is better:

Supportive email, encourage pt to make connections (ie “It looks like you’ve been feeling better the past few days. That’s excellent! Any ideas about what might be contributing to that?”)

Particularly good or bad use of the tool

Helpful email (ie “Plenty of people have difficulty with this. We’ve created methods to help people learn how to do this. What did you try to learn this? Did you try reading the helpful questions? It’s completely up to you what parts you use. Some parts may be more helpful to you than others. How will you know if this will be helpful for you or not?”)

Problems with Thought Record Tool:

I noticed you logged in and in your thought record you wrote ________________. You did a great job doing _________________ but did you try ______________. I was really pleased with ______________. (sandwich critique between two praises)

Change in login frequency

Supportive email

Functionality issue

Address concern (ie “I’ve been following your progress and it seems like you’ve been using the Activity Tool a lot but not starting on the Thought Diary. Are there any questions I can help you with?”)

Email response if individual is keeping good thought records but not rating the belief in challenged thought very high.

- Feeling: 7 angry
  - Thought: 7 Maybe others study more than I do

  Challenge: 0 It's possible, but I know I spend enough time studying
This is the thought record you created on (date). Now that you’ve had a few days to think about it, do you think these ratings still fit? Please rerate how strongly you believe the initial thought and the alternative thought.

If your belief in the thought and the challenged thought changed, why do you think that occurred?

(Add this question if thought record appears to have a good behavioral experiment possibility) Is there anything you can do or did do that might give you evidence about whether or not the alternative thought was true?

Follow up email if no change in belief:

Maybe you could try one of these strategies and see if it helps make the alternative thought more believable:

Practice using the alternative thoughts.

As “as if” you believe the new thought. How does your behavior change if you believe the new thought?

Is there some way to test whether or not the alternative thought is true?

We can talk more about this on our next call.
Unengaged patients

Email and call for the entire length of participation.

In the first three weeks, email/phone call every few days. Then go down to one call and one email per week until end of trial. Give participant option to drop out in order to end calls but explain you need to continue trying to reach them unless they give you the ok to stop.

Email:
Dear __________,

I noticed you haven’t been using the moodManager program lately. I think the program could be very helpful for you, but you need to participate. How can I be helpful to you in improving your participation?

Or

I noticed you haven’t been using the moodManager program lately and I’ve contacted you several times about it. I’m not trying to harass you but we know that staying motivated and continuing to participate can be difficult for people, especially when they are depressed. It’s my job to help you stay motivated. How can I be helpful to you?

Or

I’ve noticed you haven’t been going to the site recently. I’m curious what’s going on. Of course, it’s completely up to you how and when you use the site, or even if you use the site. Its my job to understand your perspective on what is helpful and not so helpful.

Or

Make a guess as to why they aren’t engaged (must be busy, tired, etc) and encourage them to continue using the program as a why to deal with _____.

24.