## Additional File 3: Extracts from intervention maps for stress management, medication management and managing symptoms (NB: These are only selections from the full intervention maps for each topic).

Table 3.1 Extract from the REACH-HF intervention map for the change target "Support patients and /or caregivers tomanage stress, anxiety and breathlessness". NB: this is only a selection from the full intervention map for this change target.Other performance objectives (not shown) were "3. Ongoing use (maintenance) of stress recognition and stress managementactions; 4. Prevention of stress; 5. Recognise when breathlessness (due to acute stress or anxiety) becomes problematic; 6.Manage breathlessness".

Performance Objective	Modifiable determinants of change	Change Techniques	Strategies
1. Recognise	Knowledge /motivation:-	<sup>b</sup> Provide information on identity,	Nurse to check for and address
problematic	Belief that it is worth	timeline, causes, consequences	misconceptions. What do you know about how
levels of stress	bothering about (perceived	and control to build a functional	stress affects your heart condition? (F)

Performance Objective	Modifiable determinants of change	Change Techniques	Strategies
Objective	change		
(including acute	importance and treatment	understanding /illness model	
and chronic	efficacy)	(how stress works and how to	Explain how stress affects heart failure
stress and		manage it)	symptoms (and vice-versa). Explain how
anxiety)	Knowledge of signs and		stress works and how it can be managed (give
	symptoms and different types	<sup>a</sup> Provide information on	hope!) (F,M)
For action by:	of stress (chronic, acute)	consequences	
	of stress (chiofile, acute)		Provide normative information about others'
Patient		<sup>b</sup> Simultaneous self-monitoring of	experiences of stress. Can include a good
Facilitator	Understanding what is normal	behaviour and symptoms (linking	news case study or Patient Voices (quotes)
Caregiver	and what might be	use of stress-management	"having a heart problem made me realise what
	problematic	techniques to stress levels, sleep	was important in life – I don't fret about the
		quality and HF symptoms; linking	small stuff so much these days" (M)
		physical activity and stress	

Performance Objective	Modifiable determinants of change	Change Techniques	Strategies
		levels)	Provide information on behavioural patterns indicative of stress (e.g. via case study) (M)
	<i>Skills:</i> Self-awareness (skills for	<sup>a</sup> Model/ demonstrate the behaviour (through case study)	Self-assessment using HADS or stress assessment scale (M)
	symptom recognition /categorisation)	<sup>a</sup> Set graded tasks (gradual capacity building for stress- recognition /categorisation skills)	Facilitated assessment if needed using HADS or stress assessment scale (F)
	Prior experience of recognising and managing stress	<sup>a</sup> Prompt practice <sup>b</sup> Self-monitoring of symptoms	Self-assessment of stressors (what causes stress for the individual /what the most common causes are – e.g. sleep disturbance, palpitations; mood swings; concentration

Performance Objective	Modifiable determinants of change	Change Techniques	Strategies
			issues; lack of coping strategies) (M)
			Nurse to Identify existing strengths /skills and positive attitudes (F)
		<sup>a</sup> Plan social support	Problem-solving in relation to engaging social support /seeking help if needed (F)
	Social /contextual:	<sup>a</sup> Prompt barrier identification and	Encourage P to open up a conversation with
	Social support /encouragement	problem solving	significant other and vice versa (discuss how patient may be coping/how carer may be
		<sup>b</sup> Engage health care support	coping) (F, M, CGM)

Performance Objective	Modifiable determinants of change	Change Techniques	Strategies
	<i>Other:</i> Avoidance of the issue (e.g. due to fear of consequences)	<ul> <li><sup>b</sup> Cognitive behaviour therapy (to address reasons for denial /minimisation)</li> <li><sup>b</sup> Referral for medical intervention</li> </ul>	Briefly reflect on /explore reasons for avoidance of the issue (need to be careful not to exceed professional competencies here). Link to manual sections on living with uncertainty /end of life issues) (F)
	Side effects of medication (affecting cognitive function, or as a direct cause of anxiety /stress symptoms)		Consider medications as a possible factor and prompt to seek advice on changing meds if appropriate (F) Signpost to contact with other health professionals /other services if needed (F)

Performance Objective	Modifiable determinants of change	Change Techniques	Strategies
<ul> <li>2. Manage</li> <li>stress (including</li> <li>acute and</li> <li>chronic stress</li> <li>and anxiety).</li> <li>i.e. Taking</li> <li>action once</li> <li>abnormal stress</li> <li>has been</li> <li>identified</li> </ul>	Knowledge /motivation: - Perceived importance (why should stress be managed?) - Treatment efficacy (belief that something can be done about it) - Knowledge about how to access appropriate help - Self-efficacy (can I do it? (e.g. relaxation techniques))	<ul> <li><sup>b</sup> Provide information on identity, timeline, causes, consequences and control to build a functional understanding /illness model (how stress works and how to manage it)</li> <li><sup>a</sup> Provide information on behaviour /health link</li> <li><sup>a</sup> Provide information about</li> </ul>	See section above ( <i>PO1 Knowledge</i> ): Nurse to check for and address misconceptions (F); Explain how stress affects heart failure symptoms, how stress works and how it can be managed (F,M); Provide normative information about others' experiences of stress (M); Provide information on behavioural patterns indicative of stress (M); Outline evolutionary purpose of stress and illustrate how that can be maladaptive today.
For action by:		consequences of behaviour	(e.g. fight or flight reaction) (M)

Performance Objective	Modifiable determinants of change	Change Techniques	Strategies
Patient		<sup>a</sup> Prompt intention formation (for	
Caregiver		stress management)	Reinforcement from facilitator (and in relaxation CD) promoting the importance of stress management (F, M)
			Prompt self-monitoring of outcomes and relate progress /changes to actions (to help understand what works /what doesn't work for the individual) (M, F)
			F to discuss /summarise reasons for engaging in stress-management and prompt intentions for stress management /following text in the

Performance Objective	Modifiable determinants of change	Change Techniques	Strategies
			manual on potential benefits (M, F)
		<sup>a</sup> Stress management (multiple techniques)	Text in manuals and CD with selected, easy to learn /use, mindfulness and techniques and
			other alternatives (e.g. progressive relaxation,
	Skills	<sup>a</sup> Provide instruction (how to do relaxation techniques)	diaphragmatic breathing, visualisation) for managing acute stress (M)
	Existing stress management skills and prior experience	<sup>a</sup> Prompt practice (of stress management skills /relaxation	Prioritisation of what is really important to achieve in a day/week (M)
		techniques)	Encourage communication with others to resolve sources of conflict (e.g. using

Performance Objective	Modifiable determinants of change	Change Techniques	Strategies
		<sup>a</sup> Prompt practice (of pleasurable activities)	assertiveness methods to outline personal needs and negotiate support). Esp. discussion between cared for and caregiver (M, F, CGM))
		<sup>a</sup> Set graded tasks	Provide information about when to seek help
		<sup>a</sup> Prompt specific goal setting	from GP and counselling or mental health services (M, F)
		<sup>b</sup> Prompt self-monitoring of outcomes	Provide checklist of 'red flag' signs to prompt appropriate help-seeking (M, F)
		<sup>a</sup> Prompt barrier identification and	

Performance Objective	Modifiable determinants of change	Change Techniques	Strategies
		problem solving	Plan for 'Me' time – within the home and outside the home (M, CGM)
		<ul> <li><sup>a</sup> Model/Demonstrate behaviour</li> <li><sup>a</sup> Teach to use prompts/cues</li> <li><sup>a</sup> Relapse prevention</li> </ul>	Tips on avoiding stressors – e.g. Where available /relevant, sleeping in a separate room may allow better sleep; listening to music, reading, spending time with family/ pets, hobbies: gardening etc (M, F)
			Nurse support during the intervention and referral to an alternative support system (if needed) at the end of the intervention (F)

Performance Objective	Modifiable determinants of change	Change Techniques	Strategies
			Demonstrate selected relaxation /stress management techniques including breathing & progressive relaxation if useful (F)
			Encourage social Interaction /having fun as a way to ameliorate stress (M)
			Prompt identification of opportunities for practising stress management by giving examples via case studies or tips (M, F)

Performance Objective	Modifiable determinants of change	Change Techniques	Strategies
			Address & support solutions to barriers /resistance to practising stress management via discussion (F) and providing examples via case studies or tips (M)
			Prompt use of environmental cues to remind individuals to carry out stress management activities. Provide tools to practice stress reduction e.g. relaxation CD with exercises to follow (M, F)
	Social /contextual:	<sup>a</sup> Plan social support	Promote use of social support structures –

Performance Objective	Modifiable determinants of change	Change Techniques	Strategies
	<ul> <li>Social support</li> <li>/encouragement</li> <li>Lack of time (for practice)</li> </ul>	<sup>b</sup> Engage healthcare support	texting, support groups, extended family, friendships (M, F, CGM)
	- Access to referral (if needed) to appropriate health service		'Patient Voices' in quotes /illustrations on the importance of managing stress and benefits of using relaxation techniques.
			Signpost to sources of respite care to help with caregiver stress if needed (F, CGM)
			If needed, Nurse to facilitate referral to appropriate health service provider (e.g. for

Performance Objective	Modifiable determinants of change	Change Techniques	Strategies
			clinical levels of depression or anxiety) (F)

\*M = Manual content; F = Facilitator task; CGM = Caregiver Manual

<sup>a</sup> Techniques listed in the Abraham & Michie (2008) taxonomy.<sup>1</sup>

<sup>b</sup> Techniques not listed in the Abraham & Michie (2008) taxonomy.

Table 3.2 Extract from the REACH-HF intervention map for the change target "The patient (and caregiver if appropriate)should manage their heart failure (and other) medications using them in such a way as to optimise their physicalcondition and mental well-being /quality of life". NB: this is only a selection from the full intervention map for this change target.Other performance objectives (not shown) were "1. The patient (and any caregivers /supporters) should have a clear understandingof how to use their medication as a key part of the management of their HF; 3. Recognising and monitoring side-effects; 4. Takingappropriate action if medication missed; 5. Taking appropriate action during other illness (e.g. gastric upset, cold); 7. Self-management /self-titration of diuretics where the patient is willing and the GP /heart failure team is in agreement.

Performance Objective	Modifiable determinants of change	Change Techniques	Strategies
<ol> <li>The patient</li> <li>Should take all</li> <li>their</li> <li>medications as</li> <li>prescribed (and</li> </ol>	Knowledge /motivation: - Knowledge about what to take, how and when - Beliefs about medication	<ul> <li><sup>a</sup> Provide information on</li> <li>consequences</li> <li><sup>a</sup> Provide instruction</li> </ul>	Nurse (and text in manual) to explain about medication, how /why medication may change, type of medication and dose of medication (F, M)

Performance	Modifiable determinants of	Change Techniques	Strategies
Objective	change	Change rechniques	Strategies
consult a health	effectiveness (treatment		Provide normative information about how
professional if	efficacy /expectations of	<sup>b</sup> Simultaneous self-monitoring of	other people benefit /what to expect from your
there are any	benefit or harm)	behaviour and symptoms (linking	medication (M)
problems in	- Beliefs about seeking health	use of medication to well-being	
doing this)	care support if any problems	and HF symptoms).	Possible case study or use of 'Patient Voices'
	- Patient concerns /past	<sup>a</sup> Motivational interviewing	in quotes /illustrations on attitudes to medication-taking (M)
For action by:	experience (esp. about side	Motivational interviewing	
Patient	effects)	<sup>b</sup> Engage healthcare support	Nurse to identify any patient concerns,
Caregiver	- Carer's concerns/past		problems or reasons for non-adherence,
	experience		address any misconceptions and work with
	- Trust in prescriber		patient (and wider health care team if needed)
	- Confusion over branding		to seek solutions (F)

Performance Objective	Modifiable determinants of change	Change Techniques	Strategies
	/packaging /how and how many to take - Consistency of messages from different care staff (mixed messages)		Advise patient to use regular pharmacy for repeat prescriptions to minimise confusion (pharmacists don't always use the same brand) (F, M)
			See sections elsewhere on making an 'emergency plan' in case of serious side effects decompensation or fluid build-up (M, F) Travel advice: When travelling, carry a written
			medical history and current medication regimen and extra medication. High altitudes

Performance Objective	Modifiable determinants of change	Change Techniques	Strategies
			<ul> <li>(1500 m or more) and travel to very hot and</li> <li>humid destinations should be discouraged for</li> <li>symptomatic patients. Planned travel should</li> <li>be discussed with the healthcare team.</li> <li>Beware adverse reactions to sun exposure</li> </ul>
			with some medications. Details for air travel advice can change, so facilitator needs to stay updated (M, F)
			Follow up performance (symptom changes in relation to adherence, any side effects) (F) Encourage patient /caregiver to discuss with

Performance Objective	Modifiable determinants of change	Change Techniques	Strategies
			facilitator or GP if they have any concerns or queries about their medications, or any problems in taking them (M, F)
			The nurse facilitator should check if any of the information covered conflicts with anything else the patient has been told and seek to resolve any conflicts (contacting other HPs involved if necessary) (F)
			Text in manual on common barriers to taking medication and possible solutions. (M)

Performance Objective	Modifiable determinants of change	Change Techniques	Strategies
			Facilitation to elicit any other individual barriers and possible solutions(F)
	Skills - Memory/ cognitive function	<ul> <li><sup>a</sup> teach to use prompts/cues</li> <li><sup>a</sup> Use of follow up prompts</li> <li><sup>a</sup> Prompt barrier identification</li> </ul>	Discuss use of dosette box or pharmacy system to help organise meds (F, M)
		(and problem-solving) <ul> <li><sup>a</sup> Prompt self-monitoring of</li> <li>behaviour</li> </ul>	Include a simple check on medication adherence (and a medication plan) in the planning /monitoring resource (M)
			Record changes to medication – when, who, why (M)
			Facilitator to assess whether patient has

Performance Objective	Modifiable determinants of change	Change Techniques	Strategies
			cognitive abilities to take medication as
			prescribed (F)
			Encourage use of aide-memoires for taking
			medication – organisation system – Diary?
			Alarm on phone (M, F)
			Text in manual on common barriers to taking
			medication and possible solutions. (M)
			Facilitation to elicit any other individual
			barriers and possible solutions(F)
	Social /contextual:	<sup>a</sup> Plan social support	Involve carer in monitoring medication use –

Performance Objective	Modifiable determinants of change	Change Techniques	Strategies
	- Changes in circumstances	<sup>b</sup> Engage health care support	may need to facilitate some negotiation
	- Eyesight	<sup>a</sup> Prompt barrier identification	between caregiver and patient about what the
	- Environment (e.g. holidays		caregiver's role is here (F, CGM, M)
	/travel)		
	- Social support (esp.		See above re text on travel advice (M)
	caregiver and other family		Nurse to work closely with specialist nurse,
	- Presence of side-effects		clarification of roles, clear communication
	- Support from GP /care team		strategy and pathway, facilitator to contact
	around managing any		specialist nurse or GP re changes needed to
	problems		medications /managing of side effects etc (F)
			Nurse to identify any other patient concerns,

Performance Objective	Modifiable determinants of change	Change Techniques	Strategies
			problems or reasons for non-adherence, address any misconceptions and work with patient (and wider health care team if needed) to seek solutions (F)
			Assess whether eyesight good enough to read labels (F)
6. Avoiding over-the- counter (OTC)	<ul> <li>Knowledge</li> <li>Social support</li> <li>Health care support</li> </ul>	<sup>a</sup> Provide information on consequences (and general information)	Prompt P and CG to ask pharmacist about <i>any</i> OTC medication or supplement purchases (M, F)
medications and supplements if	(pharmacist)	<sup>a</sup> Plan social support	Recommend using a regular pharmacist who knows you have HF (M)

Performance Objective	Modifiable determinants of change	Change Techniques	Strategies
harmful		<sup>b</sup> Engage healthcare support	Carry prescription or medication record with
For action by:			you to show pharmacist if unable to use the regular system (M)
Patient			
Caregiver			Highlight that OTCs can contain a variety of
			medications that can affect the way your HF
			medications work e.g. cold remedies –Aspirin (M)
			Positive messages around safe options (e.g.
			Paracetamol and drinking honey/lemon/water as a lay remedy for colds that soothes sore
			as a lay remedy for colds that soothes sore

Performance Objective	Modifiable determinants of change	Change Techniques	Strategies
			throats and is not harmful) (M) Engage caregiver in checking /monitoring here (and also to know that they should not buy these products for the patient) (CGM)

\*M = Manual content; F = Facilitator task; CGM = Caregiver Manual

<sup>a</sup> Techniques listed in the Abraham & Michie (2008) taxonomy.<sup>1</sup>

<sup>b</sup> Techniques not listed in the Abraham & Michie (2008) taxonomy.

 Table 3.3 Extract from the REACH-HF intervention map for the change target "The patient should monitor and respond to

 Signs and Symptoms of Heart Failure – this is important to inform appropriate help-seeking and also for managing fluid

 status". NB: this is only a selection from the full intervention map for this change target. Other performance objectives (not shown)

 were "1. Monitor symptoms of heart failure (general); 4. Detecting other signs and symptoms (e.g. heart attacks, change in mood)".

Performance Objective	Modifiable determinants of change	Change Techniques	Strategies
2. Self-Monitor	Knowledge /Motivation	<sup>b</sup> Provide information on identity,	Provide a clear rationale for monitoring fluids
specific	Knowledge of signs and	timeline, causes, consequences	/symptoms relating to decompensation (M, F)
symptoms	symptoms of	and control to build a functional	
related to	decompensation	understanding /illness model	Provide information on decompensation
decompensation		(how fluid build-up can happen in	symptoms: Oedema, sudden weight gain,
	Knowledge of potential	HF, the consequences and how	breathlessness, coughing, nocturnal dyspnea,
For action by:	causes of decompensation	to manage it)	fatigue etc. (M)
Patient			
	Knowledge of normal	<sup>a</sup> Provide information on	Provide Information on when /how to contact

Performance Objective	Modifiable determinants of change	Change Techniques	Strategies
Caregiver	/acceptable levels of symptom severity /what levels should trigger action Belief that symptom monitoring will improve QoL (treatment efficacy)	consequences <sup>a</sup> Motivational interviewing	healthcare provider (M, F). Quiz /checklist to help actively process information (M)
	Knowledge of potential cause of sleep disturbance in relation to symptoms Knowledge of how and when		

Performance Objective	Modifiable determinants of change	Change Techniques	Strategies
	to notify healthcare provider		
	Skills	<sup>b</sup> Prompt self-monitoring of	Identify any possible barriers to self-
	Skills in measurement	outcomes (decompensation-	monitoring (e.g. ask 'what might stop you';
	/assessment	specific symptoms)	present several typical barriers) and discuss
			possible solutions (NB: it is ideal if patient
	Belief that patient can take	<sup>a</sup> Barrier identification (and	generates the ideas, but can also put some
	the actions needed (self-	problem-solving)	examples in the manual) (M, F)
	efficacy)		
		<sup>a</sup> Modelling	Use of monitoring tools in a symptom diary or
			checklist. Include traffic light tool mentioned
		<sup>a</sup> Motivational interviewing	elsewhere (appropriate help-seeking section)
			(M). Including

Performance Objective	Modifiable determinants of change	Change Techniques	Strategies
			<ul> <li>Ankle circumference</li> <li>Weight</li> <li>Other symptoms</li> <li>Case-study including daily self-monitoring (M)</li> </ul>
	Social /contextual: Social support (esp. people who live with patient and can help with monitoring)	<ul> <li><sup>a</sup> Plan social support</li> <li><sup>a</sup> Barrier identification (and problem-solving)</li> </ul>	Identify social and contextual /other barriers to self-monitoring and discuss possible solutions (NB: it is ideal if patient generates the ideas, but can also put some examples in the manual) (M, F)
	Cognitive functioning Other	<sup>a</sup> Motivational interviewing CBT to address avoidance issue	Nurse to assess and address any reluctance

Performance Objective	Modifiable determinants of change	Change Techniques	Strategies
	Avoidance of the problem.		to engage /avoidance issues (F)
	This may stem from not		Engage caregiver /other co-habitees in
	wanting to think about HF due to anxiety /fear, or it may		helping to monitor (F, CGM)
	stem from not wanting to		
	appear weak or vulnerable (self concept issues).		
3Prevention of	Knowledge about	<sup>b</sup> Provide information on identity,	Information on what decompensation is /its
decompensation	decompensation and its	timeline, causes, consequences	causes (M, F), including
through management of	causes (as above)	and control to build a functional understanding /illness model	<ul><li>Fluid overload</li><li>Poor medication concordance</li></ul>

Performance Objective	Modifiable determinants of change	Change Techniques	Strategies
fluid status and taking	Self-efficacy(confidence about being able to take the	(how fluid build-up can happen in HF, the consequences and how	Illness; infection, event e.g. MI
medications	actions needed)	to manage it)	Information on signs and symptoms of decompensation and appropriate action to
	Social support	<sup>a</sup> Prompt specific goal setting	<ul> <li>take if it occurs (or starts to build up) (M, F)</li> <li>Case-study</li> </ul>
	Quality of health care support	<sup>a</sup> Barrier identification /problem- solving	<ul> <li>Quiz</li> <li>Danger signs /red flag symptoms</li> </ul>
		<sup>a</sup> Plan social support	Include a 'traffic light' action-planning guide as
		Engage health care support	part of the self-monitoring tool to guide appropriate action – green = no problem, keep going; amber = check self-care

Performance Objective	Modifiable determinants of change	Change Techniques	Strategies
			behaviours and monitor more closely, adjust diuretic dose as instructed (or call GP or HF nurse for guidance) (maybe take it easy /manage fatigue); red = seek help urgently)
			Strategies to support taking medication are specified in the "Taking medications" section.
			Engage caregivers /co-habitees in fluid monitoring /management (CGM, F)
			Encourage wider advice-seeking and /or help- seeking, as appropriate from health care

Performance Objective	Modifiable determinants of change	Change Techniques	Strategies
			system (F, M) Nurse to provide emergency (and non- emergency) help numbers for using the local system and record in manual (F, M)

\*M = Manual content; F = Facilitator task; CGM = Caregiver Manual

<sup>a</sup> Techniques listed in the Abraham & Michie (2008) taxonomy.<sup>1</sup>

<sup>b</sup> Techniques not listed in the Abraham & Michie (2008) taxonomy.

## **References:**

1. Abraham C, Michie S. A taxonomy of behavior change techniques used in interventions. Health Psychol 2008;27(3):379-87.