

PERFORMANCE HABITS  
 **MOVEMBER<sup>®</sup> FUNDED**

# Coach Guide

## Contents

|   |    |
|---|----|
| Overview of Performance Habits.....                               | 5  |
| Overview of Performance Habits procedures.....                    | 6  |
| What is the intervention?.....                                    | 6  |
| Who can deliver the intervention?.....                            | 6  |
| Training.....   | 6  |
| Initial contact pre-supervision.....                              | 6  |
| How is initial contact made? .....                                | 6  |
| Where do the contact sessions take place? .....                   | 6  |
| What is the frequency and duration of the contact sessions? ..... | 7  |
| When should sessions take place?.....                             | 7  |
| Difficult to contact.....   | 7  |
| Participant withdrawal.....                                       | 7  |
| Coach supervision.....  | 7  |
| Coach support.....  | 8  |
| Sickness.....   | 8  |
| Overview of roles.....  | 9  |
| The GP.....   | 9  |
| The wellbeing service in the football club .....                  | 9  |
| The Performance Habits Coach.....                                 | 9  |
| The supervisor.....   | 9  |
| The Performance Habits Team.....                                  | 9  |
| Managing risk and ensuring safety.....                            | 10 |
| Overview of Behavioural Activation (BA) .....                     | 11 |
| How Behavioural Activation works to break this cycle .....        | 12 |
| General guiding principles.....                                   | 13 |
| Focus on low mood and anxiety.....                                | 13 |
| Flexibility.....  | 13 |
| General interpersonal approach.....                               | 13 |
| Language.....   | 14 |
| Active listening.....   | 14 |
| Questioning style .....   | 14 |
| Working with men.....   | 16 |
| Clarifying structure.....   | 16 |
| Tailoring language.....   | 16 |
| Building rapport and a collaborative relationship .....           | 17 |

|   |    |
|---|----|
| Being aware of the impact of gender ..... | 17 |
| General session structure.....            | 20 |
| Stage 1 checklist.....                    | 22 |
| Stage 1 details.....                      | 23 |
| Stage 2 checklist.....                    | 27 |
| Stage 2 details.....                      | 28 |
| Stage 3 checklist.....                    | 31 |
| Stage 3 details.....                      | 32 |
| Stage 4 checklist.....                    | 35 |
| Stage 4 details.....                      | 36 |
| Stage 5 checklist.....                    | 41 |
| Stage 5 details.....                      | 42 |

**WE WOULD WELCOME YOUR FEEDBACK ON HOW WE COULD IMPROVE THE MANUAL.**

**PLEASE GIVE ANY SUGGESTIONS TO YOUR SUPERVISOR OR EMAIL:  
[dean.mcmillan@york.ac.uk](mailto:dean.mcmillan@york.ac.uk)**

# Section A: Introduction

## Overview of Performance Habits

Performance Habits is a case study funded by Movember. It involves the development of an adapted (gender-sensitised) self-help manual, based on principles of Behavioural Activation for men in elite football.

**The main aim of the Performance Habits intervention is to improve how a person feels, which in turn will help performance.** This guide provides an overview for the Performance Habits Coaches of how to deliver the intervention.

# Overview of Performance Habits procedures

## What is the intervention?

The intervention uses a self-help manual based on principles of Behavioural Activation (BA). The Performance Habits Coach helps the person work through the manual over a number of contact sessions.

Behavioural Activation (BA) is described in more detail in the next sections.

## Who can deliver the intervention?

The intervention can be delivered by those who have received the Performance Habits Coach Training and have ongoing supervision from members of the Performance Habits Team. The Performance Habits intervention is designed to be delivered by people from a wide range of backgrounds and is not limited to mental health practitioners.

## Training

Performance Habits Coach Training will take place over three days.

## Initial contact pre-supervision

A member of the Performance Habits Team will have a one-to-one pre-supervision meeting with you before your initial contact with your allocated participant(s).

## How is initial contact made?

A member of the Team will allocate a maximum of five participants to you. The first appointment should happen within 10 days of someone being assigned. This may require contacting the person several times by phone until you make contact. If contact is not made to arrange the initial session, please try again to phone the participant two to three times a week for the first two weeks.

## Where do the contact sessions take place?

Most contact will take place by telephone, though there is also the option of using video conferencing. Sessions need to be conducted in a suitable and private setting for both you and the person you are working with.

## **What is the frequency and duration of the contact sessions?**

Between six and eight sessions can be offered. The first session is likely to require between 45 and 60 minutes; subsequent sessions will be up to 30 minutes each. Some people may not need or want eight contact sessions, but all study participants should initially be offered up to eight.

Ideally, sessions should be offered weekly, but sometimes flexibility is needed. If there is a pause in the delivery of sessions, agree when you will get back in touch and be pro-active in doing this when that time is up.

There may also be value in spacing out the sessions towards the end of the intervention to give the person more time to maintain changes without weekly input.

Signposting may occur once the intervention sessions have finished.

## **When should sessions take place?**

Sessions should ideally start no earlier than 8am and no later than 7pm (so finishing by 8pm) Monday to Thursday, and start no earlier than 8am and no later than 5pm (so finishing by 6pm) on Fridays, unless agreed otherwise by the clinical lead, to ensure that risk cover is available. If you would like to conduct a session outside of these times on a weekday, please text the clinical lead for permission. No intervention support sessions should be conducted on the weekend. No sessions should be scheduled on a Bank Holiday or between Christmas Eve and New Year's Day.

## **Difficult to contact**

If a participant does not respond to phone calls, attempt to contact the participant up to three times (leaving a voicemail/email/text message if permission is given) before informing the Performance Habits Team.

## **Participant withdrawal**

If a participant chooses to withdraw, you will need to contact a member of the Performance Habits Team to inform them of this decision. A person may wish to withdraw from the intervention only and want to continue participating in the follow up assessments, or they may wish to withdraw from the case study as a whole. Withdrawals from any part of the study must be documented. Please refer to '**Coach Guide to Participant Withdrawal**' for details of the appropriate protocols and associated forms for each of these.

## **Coach supervision**

Once participants have been allocated, supervision will be arranged for you. This will take place weekly, but may be spaced out towards the end of the intervention sessions. Supervision sessions will take place Monday to Friday at an agreed time between 9am and 5pm.

## **Coach support**

A member of the clinical team will be available to offer emotional support via phone call.

## **Sickness**

If you are unable to continue delivering the sessions because of sickness or other reasons, please let a member of the Performance Habits Team know as soon as possible so people can be transferred to another coach.

## **Overview of roles**

Performance Habits Coaches will not work alone. Support is provided from the Performance Habits Team and there is always a mental health specialist available to consult in the event of any concerns.

### **The GP**

Participants' GP details will be collected in case of risk (see 'Managing risk and ensuring safety' document.)

### **The wellbeing service in the football club**

In cases of risk, the wellbeing service in the football club may also be contacted, though this will happen only with the consent of the person you are working with.

### **The Performance Habits Coach**

The Coach's role involves:

- Delivering support for the use of the Performance Habits manual
- Recording brief notes of each meeting
- Having contact with the Performance Habit Team for supervision and support.

### **The supervisor**

The supervisor will provide regular supervision of the Performance Habits Coaches by telephone. This will involve:

- Pre-supervision meeting before your first session
- Reviewing progress
- Helping assess and manage risk
- Helping Coaches to problem solve any difficulties

### **The Performance Habits Team**

The Performance Habits Team will assess people to make sure they are suitable to take part. They will contact them to collect data on how they are doing before and after the intervention.

## Managing risk and ensuring safety

It is important to ensure the safety of people taking part in the Performance Habits intervention and to communicate information to relevant professionals as required. The main area to consider is risk of self-harm and suicide, though if there are any other risk issues of any sort these should also be considered.

The Coach training will cover assessing and managing risk. The general approach to ensuring safety is to use these rules:

1. **Err on the side of caution** if you have any concerns at any time about these or other risks
2. If there is a concern, **seek advice** in a timely fashion from a clinical member of the Performance Habits Team
3. Take any **actions** agreed with the clinical team member
4. **Communicate** the information about risk to other health or social care professionals as agreed with the clinical team member
5. **Document** what the risk was and what actions were taken.

There is a specific protocol to follow for **self-harm and suicide risk**. For **other risks**, information should be recorded in the 'non-suicide risk' section of the risk form. Please see '**Coach Guide to Assessing & Reporting Risk during intervention support**' for more details.

## Overview of Behavioural Activation (BA)

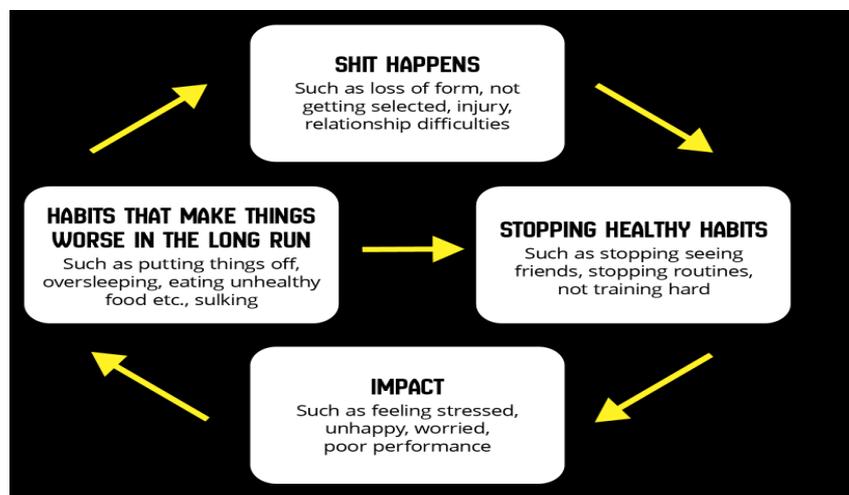
Behavioural activation (BA) is an evidence-based intervention. In the Performance Habits approach, it has been adapted so that it is appealing and accessible to men who play elite football.

The Performance Habits manual provides an explanation of the Behavioural Activation approach.

In brief, the approach assumes that low mood and anxiety is a result of one or more life events. The life event can lead to changes in a person's behaviours or habits. In particular, behaviours that used to be meaningful for a person or got them something out of life either do not occur or occur less often. This could be because the person is no longer able to do the behaviour (e.g., no longer able to see family members frequently because of a move away from home). However, it could be because the life event means that the same behaviour does not get the person the same thing out of life anymore. For example, meeting with friends who have partners used to be enjoyable, but is now experienced as painful because it now acts as a reminder of a recent relationship breakdown.

These changes in behaviour may lead a person to feel low or stressed. A natural response is to try to get away from or reduce these unpleasant feelings; a person, therefore, may start to avoid things as a way of coping. For example, they may put off tasks, because it may make them feel anxious. This avoidance may work in the short-term to reduce these unpleasant feelings, but has long-term consequences that sets up a maintenance cycle. For example, the avoidance may reduce even further activities that the person finds meaningful or gets them something from life, which will maintain the stressful feelings. This is summarised in the cycle in the Performance Habits manual.

The approach assumes a link between how a person is feeling and how they are performing. If they are stuck in this cycle, it is likely to affect their performance on the field in a negative way.



## How Behavioural Activation works to break this cycle

The manual divides Behavioural Activation into five stages:

- How your habits affect you
- Recording your habits and routines
- Building healthy habits
- Optimising your healthy performance habits
- Keeping it going.

Activity scheduling (stage 4) is key to making changes. There are four main strategies used to help break the cycle and improve how someone feels and how they perform:

1. If appropriate, re-introduce in a paced and gradual way the meaningful behaviours a person used to do
2. If a person is no longer able to do these 'old behaviours', replace these with new behaviours that serve the same function as the old ones and which the person can do
3. Reduce the key avoidance behaviours that may work in the short-term but maintain the difficulties in the long-term
4. Set up the environment or the context in such a way as to help make 1, 2 and 3 above occur.

The five stages and the four strategies are at the heart of the Performance Habits manual.

Typically stage 1, 2 and 3 will take one session each. Stage 4 will typically take place over several sessions (up to a maximum of four). Stage 5 will typically be introduced in the penultimate session and reviewed again in the final session.

## General guiding principles

This section covers general principles of delivering the Behavioural Activation intervention. The next section covers principles specific to working with men.

### Focus on low mood and anxiety

The intervention is seeking to improve both low mood and anxiety. It is important to focus on both areas during each contact if both are present.

### Flexibility

It is important to be flexible in the use of the intervention. The Performance Habits manual should be seen as a guide not a straightjacket. For example, although you will typically work through the manual with the participant in the order of the stages presented, it is fine to refer to later sections if they seem relevant during a discussion.

### General interpersonal approach

A Performance Habits Coach should be warm, open, and caring in their interaction with the person they are working with. There is good evidence that these characteristics predict improved outcomes for people with low mood.

This, however, must be balanced against the need to maintain professional boundaries. The Coach provides a caring, supportive, professional relationship; it is not a befriending intervention.

Other important characteristics of the general interpersonal approach are to work collaboratively together, to be creative in solving difficulties, to be respectful at all times, and to show genuine interest in the participant and their experiences.

When someone is feeling low or anxious, they can find it difficult to change behaviour. It is important to strike an appropriate balance here when working with the person. A glib, over-cheery approach is unlikely to be helpful, because it may give the impression you do not understand what the person is experiencing. In contrast, falling into accepting that no change is possible will also prevent change. When interacting with the participant, try to adopt a general attitude that finds an appropriate balance. If between-session tasks are not completed, for example, show understanding that change is not easy. At the same time, praise even small changes and encourage the participant to reward themselves for small changes. Although the Performance Habits approach is a simple intervention, **simple is not the same as easy**. It may help to use analogies such

as getting fit or losing weight. For these changes, what you need to do is simple: reduce what you eat, do some exercise. While that is simple, it does not mean to say it is easy.

Please see the subsequent section for guidance specific to working with men.

## **Language**

Try to use the language a person uses to describe their difficulties. This is particularly important when it comes to describing how the person is feeling. The Performance Habits manual deliberately avoids the term 'depression', and avoids overuse of terms such as 'low mood' and 'anxiety'. The manual instead uses a variety of terms such as 'stressed'.

When introducing or discussing sections of the manual, try to describe the main points in your own language in a way that will be accessible and check understanding before moving on. You may want to jot some notes down to act as prompts, but try not to read it as if it is a script; it should be a natural conversation.

## **Active listening**

Use an active listening style:

- Listen closely to what the person is saying
- While listening, actively work to remember the key points of what is said (perhaps by making notes if working over the phone)
- Demonstrate understanding by offering a brief summary or asking a relevant question.

## **Questioning style**

Use the approach of 'Ask not tell'. In other words, rather than telling people the answer, what they should do or how they should change, we ask them questions so they can work things out for themselves, come to their own conclusions and make their own decisions. An open-ended, discovery-orientated questioning style helps you to do this:

- Can you give me an example of that?
- What would happen if...?
- How does that fit with what we've talked about before?
- What are your options here?
- What would be the next step?

Although Performance Habits uses an 'ask not tell' approach, you can tell people about your experience of playing football; your ability to empathise about their

experience is, in fact, important for the approach. The appropriate sharing of your experience is fine ('I had an experience similar to what you went through'), as is telling people what you did ('I dealt with it this way but I'm not sure whether it was the best way' or 'I dealt with it this way, though that's not to say it will be right for you'). What is to be avoided, though, is to tell people that they should deal with it in the way you did ('I went through the same thing and this is how you should deal with it').

## Working with men

This section provides some recommendations for how coaches may modify the structure of their approach and tailor their communication and relational style in order to improve engagement with male participants. It is important to remember that there is no “one-size-fits-all” approach to working with men. These recommendations, whilst having some consensus across research studies, will not conform to every person seen. As noted in the previous section, coaches need to be flexible and adaptable in the use of the Performance Habits intervention.

### Clarifying structure

Transparently describing and clarifying what the approach involves and how the overall process and individual coaching sessions will be structured *at the outset* may help overcome some men’s ambivalence, disconnection, or fearfulness.

Examples of how this may be achieved include:

- Offering a “roadmap” of the upcoming intervention to clarify expectations and reduce mistrust. Do not assume the person knows what is expected of him, what the intervention will involve, how long it will take etc.
- Emphasising that confidentiality will be respected (in context of duty of care); e.g. coaching staff at the football club will not be told if someone is taking part.
- Linking back to previous sessions as a way to emphasise progress.
- Exploring and navigating expectations around the Performance Habits approach regarding:
  - The role of the coach and relationship with the participant (power dynamic, transparency).
  - Anticipated progress and overall timeline.
  - The how and why of the mechanics of the Performance Habits approach.
  - Accountability for actions.
  - Parameters of intervention (boundaries).

### Tailoring language

Adapting language and communication style for male participants can have significant benefits. Being honest, open, and direct (not skirting around issues) can create a greater respect and a focus for change.

Examples of how this may be achieved include:

- Using male-oriented language such as:
  - Action-oriented vocabulary (e.g., picking up tools).
  - Using alternative labels for the work you are doing together (e.g. fixing).
  - Using informal or colloquial language if appropriate (e.g. swearing).
  - Putting an emphasis on hard work and moving forward in life.
- Employ communication that includes appropriate use of:
  - Humour.
  - Brief and specific communication.
  - Conversational and colloquial dialogue.
  - Male appropriate metaphors (e.g., sporting, building).

## **Building rapport and a collaborative relationship**

Building a strong therapeutic alliance has been found to be key to counteract feelings of ambivalence, uncertainty, disconnection, and stigma towards mental health support.

Examples of how this may be achieved include:

- Validating experience; encouraging the participant; normalising; being honest.
- Using appropriate self-disclosure.
- Avoiding challenging traditional masculine norms, male awkwardness, emotional communication difficulties.
- Accentuating and exploring positive aspects of male identity and using it to men's advantage.
- Emphasising in coaching sessions that:
  - Power, control and decisions are shared,
  - The participant brings an expert perspective of his life and is responsible for change.
  - Empowerment is the goal.
  - The participant should value his own needs.

## **Being aware of the impact of gender**

Considering how alignment to traditional masculine norms, expectations and stigma (e.g. "I must not show any weakness") may help to understand a participant's behaviours and coping strategies, and what maintains these.

Reinforcing that the participant may already possess many strengths relating to traditional male identity can be useful in maintaining their mental health (e.g., problem-solving ability, courage, determination).

However, in the current literature, all these strengths have been identified through the lens of traditional masculine norms that are also potentially detrimental to the mental health of men. These traditional strengths of masculinity should not be stereotyped.

# **Section B:**

## **Session-by-session guide to the self-help manual**

## General session structure

All sessions should adopt the following structure:

- 1. Information Gathering**
- 2. Information Giving**
- 3. Shared Decision-Making**
- 4. Action Following Contacts: Complete session notes and supervision**

### 1. Information gathering

The depth of information gathering depends on which stage participants are currently at. For example, the first contact requires a more in-depth assessment to get to know the person and any problems they may be having. Later contacts will gather information in a more focused way around progress. In all contacts there will be assessment of:

- Risk
- Progress using the self-help manual.

### 2. Information giving

Again, the level of input will vary from session to session. It is likely that in the early contacts, input will be highest. However, information giving may be required at all stages to help participants make decisions about the intervention. Information about the Performance Habits approach used in the self-help manual is also likely to be given in more detail during the early contact sessions.

### 3. Shared decision-making

Coaches should develop a collaborative relationship with participants. Participants are in charge of their own decisions. Coaches collaborate in these decisions by helping participants weigh up their options about possible activities and so on.

Decisions will include discussion of goals and activities. The activities should be realistic and achievable and should be based on the person's own ideas about how to keep themselves well.

Other decisions will be about the frequency of contacts, time of next contact and so on. Finish the contact with a clear understanding of what the participant has decided to do between this and subsequent contacts and get feedback from participants on their shared understanding of the next steps.

### 4. Actions following contacts: Complete session notes and supervision

Session notes should be kept for each session in a case management system (PCMIS). There will be separate training on how to do this. If either of the risk protocols was activated, then actions need to be taken and documented in the session notes. Please see the earlier section on managing risk and ensuring safety for further information. The content of the session should be discussed in supervision.

# **Stage 1:**

# **How your habits affect you**

## Stage 1 checklist

*(photocopy additional copies as required)*

**Tick when  
Complete**

|  |  |
|--|--|
| <b>Introduce self, study and contact length<br/>Check speaking to right person</b> |  |
|--|--|

|                                       |  |
|---------------------------------------|--|
| <b>1.0 Information Gathering</b>      |  |
| <b>1.1 Review of problem areas</b>    |  |
| <b>1.2 Risk assessment</b>            |  |
| <b>Notes on Information gathering</b> |  |

|  |  |
|--|--|
| <b>2.0 Information Giving</b>                        |  |
| <b>2.1 Overview of the approach</b>                  |  |
| <b>2.2 Discussion of signs to look out for</b>       |  |
| <b>2.3 Discussion of the cycle</b>                   |  |
| <b>2.4 Discussion of Performance Habits approach</b> |  |
| <b>Notes on Information giving</b>                   |  |

|  |  |
|--|--|
| <b>3.0 Shared Decision Making</b>      |  |
| Agree between-session tasks            |  |
| Agree the next contact session         |  |
| <b>Notes on shared decision making</b> |  |

## Stage 1 details

### Introduction

The Performance Habits Coach should confirm that they are speaking to the right person, introduce themselves and describe the objectives and time scale for the contact (for this session and more broadly for the intervention). Check the person has the Performance Habits self-help manual.

### 1.0 Information Gathering

#### 1.1 Review of problem areas

Spend approximately 15-20 minutes speaking with the person about:

- What led them to take part in the study
- What their mood and anxiety levels are like currently
- What they make of the manual and any concerns they have about using it.

#### 1.2 Risk assessment

State that at every contact session you will briefly ask about thoughts of harming oneself. Then ask:

*In the last two weeks/since we last spoke, have you had thoughts of harming yourself or wished that you were dead?*

Although generally you should use your own words when talking to the participant, for the assessment of risk it is important to **use the words as written here**.

***If the person answers yes to this question, then follow the procedure in the 'Checking for and assessing risk of self-harm/suicide' document.***

### 2.0 Information giving

#### 2.1 Overview of the approach

In your own words cover the following;

- Your job is to help the person use the manual
- The aim of the manual is to help with any **current difficulties** and to **keep well in the future** and **perform better**.
- This is done in a **step-by-step fashion** and you are keen to try to help the person apply what is in the manual to themselves.

#### 2.2 Discussion of signs to look out for

Mention the list of different signs in the first stage of the manual. Ask the participant if they have noticed any of these. This may build on what they mentioned during the information gathering stage of this session.

### 2.3 Discussion of cycle

Ask the participant if they have had a look at the cycle in stage one of the manual. If they have, ask questions such as:

- What have they made of it?
- Does it make sense?
- How might it apply to them?

If they have not read it, talk them through it. Try not to make it a monologue. Instead, try to ask questions about each box and link it to the next box. Use information gathered earlier on in the session to help. Example questions are below, but it will work best if you find a form of words that work for you.

*It starts at the top by saying 'Shit happens' and that this can sometimes stop us doing healthy habits. Are there any events that have happened that have stopped you doing things? You mentioned X happening earlier. How might that fit?*

*It then says that if we stop doing healthy habits, understandably we might start to feel rubbish. How might that fit with what we discussed earlier?*

*It then says that when we feel rubbish we might cope by putting things off and so on. This might work in the short term but in the long term it's putting even more of a brake on doing health habits. Does any of that apply here?*

*It also says that this change in behaviour might lead to new shit happening or make existing shit worse. Has any of that happened? What?*

The basic idea you are trying to get across here is: what we do is linked to how we feel and how we perform.

### 2.4 Discussion of the Performance Habits approach

Introduce the Performance Habits approach, describing it as a simple intervention that is focused on:

- Gradually doing more of the healthy habits
- Gradually reducing the habits that make things worse in the long run.

The basic idea you are trying to get across here is: changing what we do can over time change how we feel and perform.

### 3.0 Shared Decision Making

#### ***Agree between-session tasks***

Ask in your own words:

*In the next contact we will move onto stage 2 of the manual. Between now and then how can you use what we have covered today?*

Agree between-session tasks based, such as:

- Think about possible signs of low mood and stress
- Review the cycle
- Fill out your own cycle
- Read more of the manual and think about any changes to habits they might want to try out.

If the participant wants to schedule in some activities (as would typically be introduced in stage 4), that is also fine.

***Arranging the next contact***

Arrange the next contact session with the participant. This will normally be within a week of the initial session.

# **Stage 2:**

# **Recording your habits and routines**

## Stage 2 checklist

*(photocopy additional copies as required)*

**Tick when Complete**

|                       |               |
|-----------------------|---------------|
| <b>Session number</b> | Please record |
|-----------------------|---------------|

|  |  |
|--|--|
| <b>1.0 Information Gathering</b>             |  |
| <b>1.1 Review</b><br>Summary of last session |  |
| <b>1.2 Assessment of Risk</b>                |  |
| <b>1.3 Review of between-session tasks</b>   |  |
| <b>Notes on information gathering</b>        |  |

|  |  |
|--|--|
| <b>2.0 Information Giving</b>                            |  |
| Information about the next stage/stages of the programme |  |
| <b>Notes on information giving</b>                       |  |

|  |  |
|--|--|
| <b>3.0 Shared Decision Making</b>      |  |
| Agree between-session tasks            |  |
| Agree the next contact session         |  |
| <b>Notes on shared decision making</b> |  |

## Stage 2 details

### Introduction

Confirm that you are speaking to the right person, remind the person who you are, and describe the objectives and time scale for the contact.

### 1.0 Information Gathering

#### 1.1 Review

Ask the participant to summarise key points from the previous session.

#### 1.2 Assessment of Risk

Remind the participant that as a standard part of the intervention you will check risk at every session. Then ask:

*In the last two weeks/since we last spoke, have you had thoughts of harming yourself or wished that you were dead?*

Although generally you should use your own words when talking to the participant, for the assessment of risk it is important to **use the words as written here**.

***If the person answers yes to this question, then follow the procedure in the 'Checking for and assessing risk of self-harm/suicide' document.***

#### 1.3 Review of between-session tasks

The Coach should discuss the between-session tasks negotiated during the last session. In stage 2 this will usually involve reviewing the cycle and asking the participant if they have read the manual and thought about any changes to habits they might want to try out.

### 2.0 Information Giving

The Coach should clarify or go over any information given in the manual, as appropriate. Use the type of conversation style outlined in the introduction to this manual: remain open and collaborative, helping the person to come up with solutions. Go back to the cycle at each session and help the person understand how it relates to them.

As necessary, reiterate that Performance Habits is a simple intervention that is focused on:

- Gradually doing more of the healthy habits
- Gradually reducing the habits that make things worse in the long run.

In this stage, cover the following:

- Introduce the idea of keeping some type of record to help the person spot the links between what they do, how they feel and how they perform.

- Ideally encourage the participant to keep a record of what they do over the next week and continue with it throughout the intervention, but be flexible about this (some people may not find it useful)
- Be flexible about how this information is recorded
- More specifically the idea of the record is to help you both understand:
  - Whether the person has a regular routine (consider sleep patterns, eating patterns, and the general structure of the day)
  - Which activities or habits improve mood
  - Which activities or habits the person may no longer be doing but which were important or meaningful to them
  - Which activities or habits that may work in the short term but may make things worse in the long run.

### **3.0 Shared decision-making**

#### ***Agree between-session tasks***

Agree between-session tasks based on what was discussed in the session. This would typically involve keeping a record of activities and reading the next section of the manual. If the participant wants to schedule in some activities (as would typically be introduced in stage 4), that is also fine.

#### ***Arranging the next contact and review number of sessions left***

Arrange the next contact session with the participant.

This will normally be within a week, though they may be more spaced out towards the end of the intervention.

Remind the participant of the number of sessions left. This does not need to be done every session, but is particularly important towards the end of the intervention, so the person is aware when contact with you will end.

# **Stage 3:**

# **Building healthy habits**

**Stage 3 checklist**  
*(photocopy additional copies as required)*

**Tick when Complete**

|                       |               |
|-----------------------|---------------|
| <b>Session number</b> | Please record |
|-----------------------|---------------|

|  |  |
|--|--|
| <b>1.0 Information Gathering</b>             |  |
| <b>1.1 Review</b><br>Summary of last session |  |
| <b>1.2 Assessment of Risk</b>                |  |
| <b>1.3 Review of between-session tasks</b>   |  |
| <b>Notes on information gathering</b>        |  |
|  |  |

|  |  |
|--|--|
| <b>2.0 Information Giving</b>                            |  |
| Information about the next stage/stages of the programme |  |
| <b>Notes on information giving</b>                       |  |
|  |  |

|  |  |
|--|--|
| <b>3.0 Shared Decision Making</b>      |  |
| Agree between-session tasks            |  |
| Agree the next contact session         |  |
| <b>Notes on shared decision making</b> |  |
|  |  |

## Stage 3 details

### Introduction

Confirm that you are speaking to the right person, remind the person who you are, and describe the objectives and time scale for the contact.

### 1.0 Information Gathering

#### 1.1 Review

Ask the participant to summarise key points from the previous session.

#### 1.2 Assessment of Risk

Remind the participant that as a standard part of the intervention you will check risk every session. Then ask:

*In the last two weeks/since we last spoke, have you had thoughts of harming yourself or wished that you were dead?*

Although generally you should use your own words when talking to the participant, for the assessment of risk it is important to **use the words as written here**.

***If the person answers yes to this question, then follow the procedure in the 'Checking for and assessing risk of self-harm/suicide' document.***

#### 1.3 Review of between-session tasks

The Coach should discuss the between-session tasks negotiated during the last session. In stage 3 this will usually involve reviewing the record of activities.

Review this with the aim of understanding:

- Whether the person has a regular routine (consider sleep patterns, eating patterns, and the general structure of the day)
- Which activities or habits improve mood
- Which activities or habits the person may no longer be doing but which were important or meaningful to them
- Which activities or habits that may work in the short term but may make things worse in the long run.

## 2.0 Information Giving

The Coach should clarify or go over any information given in the manual, as appropriate. Use the type of conversation style outlined in the introduction to this manual: remain open and collaborative, helping the person to come up with solutions. Go back to the cycle at each session and help the person understand how it relates to them.

As necessary, reiterate that Performance Habits is a simple intervention that is focused on:

- Gradually doing more of the healthy habits
- Gradually reducing the habits that make things worse in the long run.

In this stage, cover the following:

- Discuss with the participant what goals they want to set
- It may help to encourage them to think about what meaningful behaviours they want to increase or avoidance behaviours they want to decrease as a way of coming up with goals
- Help the participant to set realistic goals
- State goals in positive and observable terms
- Note that it will be important to revisit goals and update them as necessary

Sometimes a person will state goals in terms of feeling less of something (e.g., less miserable, less stressed). Useful questions to ask to help restate these in positive and observable terms include:

- 'If you were feeling less X, what would you be doing?'
- 'How would someone know that you were less X by observing you?'

## 3.0 Shared decision-making

### ***Agree between-session tasks***

Agree between-session tasks based on what was discussed in the session. This is likely to involve keeping going with the record keeping, refining the goals developed during the session and reading the next section of the manual. If the participant wants to schedule in some activities (as would typically be introduced in stage 4), that is also fine.

### ***Arranging the next contact and review number of sessions left***

Arrange the next contact session with the participant.

This will normally be within a week, though they may be more spaced out towards the end of the intervention.

Remind the participant of the number of sessions left. This does not need to be done every session, but is particularly important towards the end of the intervention, so the person is aware when contact with you will end.

# **Stage 4:**

# **Optimising your healthy performance habits**

## Stage 4 checklist

*(photocopy additional copies as required)*

**Tick when Complete**

|                       |               |
|-----------------------|---------------|
| <b>Session number</b> | Please record |
|-----------------------|---------------|

|  |  |
|--|--|
| <b>1.0 Information Gathering</b>   |  |
| <b>1.1 Review</b><br>Summary of last session<br>Revisit goals every few sessions |  |
| <b>1.2 Assessment of Risk</b>  |  |
| <b>1.3 Review of between-session tasks</b>                                       |  |
| <b>Notes on information gathering</b>  |  |

|  |  |
|--|--|
| <b>2.0 Information Giving</b>                            |  |
| Information about the next stage/stages of the programme |  |
| <b>Notes on information giving</b>                       |  |

|  |  |
|--|--|
| <b>3.0 Shared Decision Making</b>      |  |
| Agree between-session tasks            |  |
| Agree the next contact session         |  |
| <b>Notes on shared decision making</b> |  |

## Stage 4 details

**Note:** stage 4 is likely to be repeated over several sessions as you work together to agree activities to schedule, to review how the activities went, and to schedule in new activities.

### Introduction

Confirm that you are speaking to the right person, remind the person who you are, and describe the objectives and time scale for the contact.

## 1.0 Information Gathering

### 1.1 Review

Ask the participant to summarise key points from the previous session. Every few sessions revisit progress towards goals.

### 1.2 Assessment of Risk

Remind the participant that as a standard part of the intervention you will check risk every session. Then ask:

*In the last two weeks/since we last spoke, have you had thoughts of harming yourself or wished that you were dead?*

Although generally you should use your own words when talking to the participant, for the assessment of risk it is important to **use the words as written here**.

***If the person answers yes to this question, then follow the procedure in the 'Checking for and assessing risk of self-harm/suicide' document.***

### 1.3 Review of between-session tasks

The Coach should discuss the between-session tasks negotiated during the last session. In stage 4 this will typically be a review of the goals the person has developed as well as reviewing any recording of activities or any changes to activities tried out as part of stage. 4.

## 2.0 Information Giving

The Coach should clarify or go over any information given in the manual, as appropriate. Use the type of conversation style outlined in the introduction to this manual: remain open and collaborative, helping the participant come up with solutions. Go back to the cycle of low mood at each session and help the participant understand how it relates to them.

As necessary, reiterate that Performance Habits is a simple intervention that is focused on:

- Gradually doing more of the healthy habits
- Gradually reducing the habits that make things worse in the long run.

Stage 4 of the manual covers a lot of material. You do not need to cover it all in one session and only cover a topic if it is relevant. The main aim is to encourage the participant to schedule in some activities across the week to help improve how they feel and ultimately how they perform.

### **Four main strategies**

As necessary, cover the four main areas.

#### **Reintroducing behaviours**

- Identify what activities or habits are meaningful to the participant that they used to do and used to help them keep well
- Discuss how to gradually reintroduce these
- Schedule these in, agreeing when and where they will happen
- Discuss any potential blocks and problem solve

#### **Replacing old behaviours with new ones**

- Sometimes it may not be possible to reintroduce an important or meaningful behaviour
- If this is the case, ask questions such as ‘What was it about X that helped you?’ and ‘What did X get you out of life?’
- Often a behaviour will have helped in several different ways; try to get a list of all of these
- Encourage the participant to think creatively about new behaviours that may get them some of the same things out of life as the old behaviour.
- The new behaviour may not look anything like the old one - it’s what it gets them out of life, not what it looks like that is important.
- It’s unlikely that there’ll be a neat one-to-one mapping of behaviours; often the person may need several new behaviours to cover all of the functions of a single old behaviour.

#### **Decreasing avoidance behaviours**

- Gently encourage the person to reduce behaviours such as withdrawing, avoiding and putting things off.
- Ask if they could start to schedule in the journal anything that is important but they’ve been putting off (talk about moving from ‘avoiding to approaching’)
- Discuss any potential blocks and problem solve

#### **Developing strategies to trigger helpful behaviours**

- Describe how sometimes when we are feeling low or stressed we may know that changing a behaviour would help, but we despite that we do not do it.
- Talk with the participant about how they could set things up to help trigger the behaviour
- For example, setting a reminder on the phone, asking a family member to ring them up to remind them to do the behaviour or arranging to do the behaviour with a friend.

### **Additional strategies**

In addition to these four main areas, also introduce the following two strategies if necessary.

#### **Balancing routine, necessary and pleasurable**

- Identifying what routine, necessary and pleasurable activities a person does is a helpful step in establishing a regular routine and getting a balance between them.
- Develop a plan to help establish a regular routine, including sleep, eating meals at standard times of the day, and generally having a regular structure to the day.

#### **Dealing with worry and rumination**

- If the person reports worrying a lot, then use the section at the end of stage 4 that covers this.
- The key is to help the participant to distinguish between practical problems that can be solved and hypothetical or 'what-if' worries.
- Work through the two pages on problem-solving and worry postponement and suggest trying this out as a between-session task
- The worry postponement strategy can also be used if someone is ruminating a lot (thinking persistently about past events as opposed to worrying about future events).

#### **Points to reiterate: persist for long enough, follow the plan, break tasks down**

It may be worth reiterating a few key points across the activity scheduling sessions:

##### *Persist for long enough*

- Encourage the person to persist with a behaviour long enough to see if it works
- It may take a while until the benefit of the new behaviour is apparent
- It may help to draw a comparison with going to the gym

##### *Follow the plan, not the mood*

- The Performance Habits approach is about changing what we do to feel better and perform better in the long run, rather than waiting to feel better before doing the behaviour.
- This can be summarised as 'follow the plan, not the mood'.

### *Break tasks down*

- Breaking things down or doing activities in a graded way can be important if a person is experiencing low mood or is feeling stressed
- An activity may seem overwhelming, so the behaviour does not occur at all. Breaking the activity down can help here.
- It may also help to schedule rewards for the smaller tasks and to frame the task in terms of time rather than achieving a particular goal. For example, a goal of 'clean flat' becomes 'clean bedroom for 15 minutes, watch the first half of a film, clean bedroom for 15 minutes more, watch the rest of film'.
- If appropriate, use the idea of making a simple 'five-yard pass'. In other words, if someone is struggling, it can help to start simple and build from there.

## **3.0 Shared decision-making**

### ***Agree between-session tasks***

Agree between-session tasks based on what was discussed in the session. This may involve keeping going with between-session tasks agreed in previous sessions or introducing new tasks.

### ***Arranging the next contact and review number of sessions left***

Arrange the next contact session with the participant.

This will normally be within a week, though they may be more spaced out towards the end of the intervention.

Remind the participant of the number of sessions left. This does not need to be done every session, but is particularly important towards the end of the intervention, so the person is aware when contact with you will end.

# Stage 5:

# Keeping it going

**Stage 5 checklist**  
*(photocopy additional copies as required)*

**Tick when Complete**

|                       |               |
|-----------------------|---------------|
| <b>Session number</b> | Please record |
|-----------------------|---------------|

|   |  |
|---|--|
| <b>1.0 Information Gathering</b>  |  |
| <b>1.1 Review</b><br>Summary of last session                              |  |
| <b>1.2 Assessment of Risk</b>   |  |
| <b>1.3 Review of between-session tasks</b>                                |  |
| <b>1.4 Review of the intervention and developing a keeping going plan</b> |  |
| <b>Notes on information gathering</b>                                     |  |
|   |  |

|                               |  |
|-------------------------------|--|
| <b>2.0 Information Giving</b> |  |
| Last session                  |  |
| <b>Notes</b>                  |  |
|                               |  |

## Stage 5 details

### Introduction

Confirm that you are speaking to the right person, remind the person who you are, and describe the objectives and time scale for the contact.

Mention that this is the final appointment.

### 1.0 Information Gathering

#### 1.1 Review

Ask the participant to summarise key points from the previous session.

#### 1.2 Assessment of Risk

Remind the participant that as a standard part of the intervention you will check risk every session. Then ask:

*In the last two weeks/since we last spoke, have you had thoughts of harming yourself or wished that you were dead?*

Although generally you should use your own words when talking to the participant, for the assessment of risk it is important to **use the words as written here**.

***If the person answers yes to this question, then follow the procedure in the 'Checking for and assessing risk of self-harm/suicide' document.***

#### 1.3 Review of between-session tasks

The Coach should discuss the between-session tasks negotiated during the last session.

#### 1.4 Review of intervention and developing a keeping going plan (action plan)

This is the main focus of session 5.

##### ***Review of intervention***

The Coach should discuss what changes the person has made and how they have found them.

It is important to identify if there are any areas the person has found particularly difficult, and if so use the session to review these.

A summary of the Performance Habit approach, including the cycle, and should be undertaken with the participant. This should then be linked to the types of activities they have scheduled, and how this can be used in the future to help them stay well and perform well.

### ***Developing an action plan***

It should be emphasised that this is self-help approach, and by using the manual and keeping going with activities, they are much more likely to stay well and perform well in the future.

Review stage 5 in the player's manual and work with the person to come up with an action plan. This can be as detailed as the person wants to make it and can be recorded in any way that will work best for them (e.g., handwritten notes, notes on phone).

## **2.0 Information Giving**

### ***Last session***

Remind the participant this is the last session, and thank them for taking part.

Encourage them to keep using the manual and those approaches described in it.

Remind them that the Performance Habits Team will be in touch to gather information on how they are doing.

Remind them that all information they provide is confidential and won't be shared with anyone else. Any use of the outcome data will be completely anonymised and reported at a group level.

Point out if they think things are deteriorating with their mood, to use the approaches in the manual and seek additional support from their GP or other appropriate services (e.g., wellbeing service at football club) if they feel this is needed.