

APPENDIX A Behavioral Activation Standard Operating Procedure (SOP)

Center for Perioperative Mental Health Intervention: Behavioral Activation

Behavioral Activation (BA) is a flexible, patient-centered treatment. The Perioperative Wellness Partner (study interventionist) supports the patient in engaging in activities of the patient's choice to promote their mental and physical wellness.

Behavioral Activation will be practiced according to *Behavioral Activation for Depression* by Jonathan W. Kanter et al, in *Treatment of Depression in Adolescents and Adults*, copyright 2011.

Sessions will occur via zoom, telephone, or in person, per patient preference. Location of sessions will be documented.

Sessions will begin no more than 30 days prior to scheduled surgery aiming for approximately 2 pre-operative sessions. When the time between consent and surgery is less than 2 weeks, attempt 1 BA session or brief introductory contact prior to surgery. Sessions will conclude approximately 90 days post-operative, aiming for participants to receive approximately 8-10 BA sessions. Sessions will typically occur every two weeks but frequency can be increased to weekly to achieve 8-10 total sessions and per patient needs, preference, and treatment goals. The duration is anticipated to be approximately 40 minutes per session, but can be adjusted between 20 and 60 minutes depending on patient needs and treatment goals. Session duration will be documented.

Core components are summarized below:

Personalized Rationale: The Perioperative Wellness Partner will develop a personalized rationale to ensure each patient understands how Behavioral Activation could be helpful for them:
1. Assess and discuss negative life experiences (including the upcoming surgery, and any other difficult circumstances). For context and to build upon strengths, assess and discuss positive life experiences (what's been going well lately).
2. Assess and discuss emotional and behavioral responses (what are they doing, not doing, doing more of, doing less of in response to the negative life experiences? Are those responses causing any problems?)
3. Validate emotional and behavioral responses as natural, normal, common.
4. Discuss symptom cycles and how behavioral responses can perpetuate problems. This is the idea that our natural behavioral responses to a problem or symptom can sometimes make the problem worse, or cause other problems.
5. Explain the goal of BA: activation as an alternative to the patient's behavioral responses. Changing what we do can change how we feel and think, even in difficult circumstances.
6. Seek feedback and verify understanding of the intervention rationale
7. Discuss interventionist role to coach, guide, and help think of strategies, acknowledging that there will be challenges.
8. Throughout - use the patient's language instead of jargon to discuss problems, responses, and symptoms.
Assessment: conduct a concentrated, detailed assessment early in the treatment process.

1. Values and long term goals: find out what matters to the patient, what their aspirations are.
2. Targets for meaningful activities: Typically in BA, reinforcing activities – ones that are rewarding, pleasurable, meaningful and/or that provide a sense of productivity or accomplishment. Another way to identify target activities is to ask about personally important activities that the patient has discontinued or is doing less frequently than in the past. These targets may be applicable in the perioperative setting. Targets for activities that may be particularly helpful in the perioperative setting include: <ul style="list-style-type: none"> - Activities that bring a sense of normalcy and help restore sense of identity - Activities that distract from unproductive worry or rumination - Activities that help with physically preparing or recovering from surgery - Activities that promote social connection - Activities that are cognitively engaging
3. How activities affect mood: gathering details on how the patient's real-life day-to-day activities impact their mood.
4. Avoidance: assessing whether there are things the patient has been avoiding; and whether there are activities that serve as an escape or distraction from difficult feelings or activities.
5. Routine and routine disruptions: learning about the patient's current and ideal daily routine (sleep-wake, hygiene, eating habits, physical activity, work and/or chores) and any disruptions affecting their normal routines and the reasons for disruptions. Even in the absence of routine disruption pre-operatively, it is helpful to revisit post-operatively to assist in returning to healthy daily routines.
6. Current psychosocial stressors: assess whether there are major current psychosocial stressors impacting patient's recovery, function, and ability to carry out activity scheduling goals (e.g., acute grief, financial difficulties, problematic living situation, fraught relationship with primary caregiver). Always maintain focus on actions the patient can take even in difficult circumstances.
Activity Scheduling: collaborative process between the patient and Perioperative Wellness Partner to plan for helpful activities. Activity scheduling is concrete and considers the difficulty of the task in the context of the patient's life, including any acute or chronic physical limitations.
1. Collaboratively identify activities to work on
2. Consider difficulty of activity in the current context and break tasks into smaller parts if needed
3. Schedule at least one activity concretely (what, where, when, with whom)
4. Problem solve any obstacles to activity completion
Pre-Operative Period: Ideally, both Behavioral Activation and Medication Optimization will begin before surgery. This time can be used for assessment and learning the process of activity scheduling.
1. Assess emotional and behavioral responses
2. Validate emotional and behavioral responses as natural, normal, common
3. Assess patient's primary concern and goals
4. Activity scheduling: They should be actions that are the most important for the patient right now, not something extra or additional. Activity scheduling can include a blend of activities that focus on: <ul style="list-style-type: none"> - Feeling prepared for surgery

<ul style="list-style-type: none"> - Improving physical or emotional well-being - Coping with anxiety and uncertainty - Establishing habits to continue after surgery. 	
5. Assist with problem-solving and helping patients communicate with medical team as needed	
Operative Period: Hospitalization for surgery is very disruptive for patients and their families. BA during this period should continue to be concrete, realistic, and take into account the patient's current circumstances.	
1. Assess emotional and behavioral responses	
2. Validate emotional and behavioral responses as natural, normal, common	
3. Assess patient's primary concern and goals	
4. Assist with problem-solving with the patient and family and assist in communicating with their inpatient and transitional provider team if needed	
5. Activity scheduling: should be compatible with treatment goals from other disciplines and should be able to be safely performed by the patient. They should be actions that are the most important for the patient right now, not something extra or additional.	
Post-Operative Period: Behavioral Activation at this time should assist the patient in their individual recovery, returning to meaningful activities, and in restoring their sense of self. The interventionist should be aware of the patient's discharge instructions, restrictions, and need for follow-up care.	
1. Assess emotional and behavioral responses	
2. Validate emotional and behavioral responses as natural, normal, common.	
3. Assess patient's primary concern and goals	
4. If there are treatment goals from other disciplines that are important for the patient's recovery but aren't being implemented by the patient (e.g., attending physical therapy), the interventionist should discuss this with the patient: <ul style="list-style-type: none"> - Assess and problem-solve barriers - Clarify misunderstandings - Frame the importance of the treatment in the context of the patient's long-term goals and values. 	
5. Activity scheduling: should continue to be collaborative and focused on the patient's long-term goals and values. Activity scheduling can include a blend of activities that focus on: <ul style="list-style-type: none"> - physical recovery - returning to previous functioning - promotion of psychological well-being. 	
Addressing Barriers: Through the duration of the intervention, the Perioperative Wellness Partner should assist the patient in anticipating and responding to barriers. Below is a listing of types of barriers and potential solutions.	
Barrier Type	Potential Solutions
Antecedent failure Not remembering at all, or not remembering at the right place and time.	<ul style="list-style-type: none"> - Reminders - Arranging the environment
Skills deficit Lacking the skills or knowledge that are needed to enact the behavior	<ul style="list-style-type: none"> - Facilitate learning experiences for needed skills. Schedule and monitor the learning activities. - If problem-solving presents as a skills deficit, structured problem-solving can be done in session.
Social skills deficit Lacking social or communication skills that are needed to enact the behavior	BA sessions can incorporate social skills training, including instruction, modeling, role-playing, and assigning real-world practice.

<p>Extrinsic contingency issue Occurs when the desired behavior is not reinforcing, perhaps because of the behavior itself or the patient's environment.</p>	<ul style="list-style-type: none"> - Premack's Principle: Reinforce a less rewarding behavior by engaging in a more enjoyable behavior afterwards. - In the short term, an arbitrary reward can be used.
<p>Intrinsic contingency issue Occurs when the patient avoids the desired behavior because of the emotions that it causes.</p>	<ul style="list-style-type: none"> - Assist to identify avoidance triggers and patterns. - Validate the emotional response and avoidance as normal. - Discuss that while negative emotions may make it harder to engage in the desired behavior, they probably don't make it impossible. Discuss acting, even while experiencing negative emotions. - Connect the activity to the patient's goals and values. - Schedule concretely and break task down into manageable chunks.
<p>Pain and/or fatigue Physical pain and fatigue are common in medically ill surgical patients. Pain and fatigue may be caused the surgery, anesthesia, and co-morbid medical conditions. Anxiety, depression, and stress also contribute to pain and fatigue. Overexertion and inactivity can both exacerbate pain and fatigue, so achieving a balance of rest and activity is crucial.</p>	<ul style="list-style-type: none"> - Discuss pain and fatigue symptom cycles as they relate to the patient's experience. - Discuss activity - rest cycle (pacing) as an alternative: alternating planned activity with regular rest periods. Keep track of activity and rest periods and the impact on pain and fatigue levels.
<p>Intervention Conclusion: The study intervention is time-limited, and ends after approximately 90 days post-operatively.</p>	
<p>1. Assist the patient in identifying other supports and resources that will continue past the study period.</p>	
<p>2. Review progress and discuss what practices the patient would like to 'keep,' and address any barriers to doing so.</p>	
<p>3. Assess need for ongoing mental health treatment and assist with referrals.</p>	