**TIDiER checklist for psychological support**

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| **BRIEF NAME** |  | **PAGE** |
| Provide the name or a phase that describes the intervention  | Psychological support |  |
| **WHY** |  |  |
| Describe any rationale, theory or goal of the elements essential to the intervention | Psychological impact on surgical outcomes in both the short and long term. Pre-operative anxiety and depression are consistently associated with worse physiological surgical outcomes and postoperative quality of life. It is therefore important to incorporate psychological interventions into models of prehabilitation (Levett & Grimmett., 2019). |  |
| **WHAT** |  |  |
| Materials: Describe any physical or informational materials used in the intervention, including those provided to participants or used in intervention delivery or in training of intervention providers. Provide information on where the materials can be accessed (e.g. online appendix, URL). | There are no physical or informational materials provided as part of the psychological intervention.  |  |
| Procedures: Describe each of the procedures, activities, and/or processes used in the intervention, including any enabling or support activities. | Each participant is offered weekly one-to-one counselling sessions up until the surgery date. Participants receive counselling exploring issues/concerns specific to the individual and their coping strategies  |  |
| **WHO PROVIDED** |  |  |
| For each category of intervention provider (e.g. psychologist, nursing assistant), describe their expertise, background and any specific training given. | The intervention is delivered by trained counsellors experienced in working with people affected by cancer. The counsellors are members of the British Association of Counselling and Psychotherapy with a minimum qualification of a Diploma in Counselling and Psychotherapy.  |  |
| **HOW** |  |  |
| Describe the modes of delivery (e.g. face-to-face or by some other mechanism, such as internet or telephone) of the intervention and whether it was provided individually or in a group. | Counselling is delivered in individual face-to-face sessions |  |
| **WHERE** |  |  |
| Describe the type(s) of location(s) where the intervention occurred, including any necessary infrastructure or relevant features | Sessions are held at third sector cancer support centres.  |  |
| **WHEN and HOW MUCH** |  |  |
| Describe the number of times the intervention was delivered and over what period of time including the number of sessions, their schedule, and their duration, intensity or dose | Patients are offered weekly sessions from the point of diagnosis until date of surgery. This ranges from 2 to 15 sessions depending on the patient pathway.  |  |
| **TAILORING** |  |  |
| If the intervention was planned to be personalised, titrated or adapted, then describe what, why, when, and how. | Each session is personalised, with content dependent on participants needs.  |  |
| **MODIFICATION**  |  |  |
| If the intervention was modified during the course of the study, describe the changes (what, why, when, and how). | Trial ongoing |  |
| **HOW WELL** |  |  |
| Planned: If intervention adherence or fidelity was assessed, describe how and by whom, and if any strategies were used to maintain or improve fidelity, describe them. | Intervention adherence is being assessed. Fidelity checks are not possible due to the personalised- nature of the intervention however data on counselling techniques employed and aggregate key themes are being collected and will be summarised on completion of the trial.  |  |
| Actual: If intervention adherence or fidelity was assessed, describe the extent to which the intervention was delivered as planned | Trial ongoing |  |