

## The TIDieR (Template for Intervention Description and Replication) Checklist\*:

Information to include when describing an intervention and the location of the information

Item number	Item
1.	<p><b>BRIEF NAME</b> FaC<sub>o</sub>T</p>
2.	<p><b>WHY</b></p> <p><b><u>Rationale:</u></b> FaC<sub>o</sub>T was developed to focus on the unique characteristics of individuals with mild stroke, specifically experiencing cognitive, emotional -behavioral symptoms and experience difficulties in Instrumental Activities of Daily Living, leisure and work. Research evidence on the effectiveness of cognitive–functional occupational therapy interventions are limited</p> <p><b><u>Goals:</u></b> The primary goal of FaC<sub>o</sub>T is to enhance occupational performance and satisfaction of individuals with mild stroke. Our secondary goal is to enhance self-efficacy, behavior, emotional status, and self-perception.</p>
3.	<p><b>WHAT</b></p> <p><b><u>Materials:</u></b></p> <p>During the intervention sessions, the OT uses the following sheets, that are then given to the participant in a binder:</p> <ul style="list-style-type: none"> <li>• Psycho-education sheets about hidden stroke symptoms and their consequences.</li> <li>• Task analysis sheet regarding their personal functional goals</li> <li>• Sheets with an explanation of different cognitive and behavioral strategies.</li> <li>• Everyday scenarios sheets: Cognitive and behavioural strategies practiced in everyday scenarios.</li> <li>• Success log sheets to record their progress, thoughts and feeling</li> </ul>
4.	<p><b><u>Procedures:</u></b></p> <p><b><u>General information:</u></b> Ten individual treatment sessions led by an experienced occupational therapist (OT).</p> <p><b><u>First session includes:</u></b></p> <ul style="list-style-type: none"> <li>• Psycho-education about mild stroke symptoms and their consequences</li> </ul>

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- Task analysis of the participant's personal functional goals that participants have defined by COPM that they aim to achieve (such as initiating dinner preparation or planning a social event).
  - Teaching one cognitive strategy ('initiation', 'inhibition', 'planning' or 'decision-making') that align to the participant's personal functional goals
  - Teaching a behavioral strategy (self-perception, situation interpretation, future prediction) and the use of two personas - one positive (with high self-efficacy) and one negative (with low self-efficacy)

**Sessions 2-10** included the following components:

- Practice of cognitive strategies in everyday scenarios
- Practice of behavioral strategies using the two personas in different everyday scenarios.
- In between the weekly sessions, participants are encouraged to perform daily activities and report back at the next meeting (including their progress, thoughts and feeling and documented in success logs).
- Positive therapeutic language and positive feedback was used during all sessions.
- The last session discusses all the concepts that were taught during the intervention.

#### **WHO PROVIDED**

5. The intervention was led by an Occupational Therapist who received training from the developer of the intervention (OT specialist). A manual of the intervention is also provided, so that the OT can replicate the intervention sessions.

#### **HOW**

6. Individualized sessions, face to face.

#### **WHERE**

7. Sessions took place in an outpatient community clinic or in the participant's home. Participants were recruited from health care services in community

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#### **WHEN and HOW MUCH**

8. 10 1-hour weekly sessions

#### **TAILORING**

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The same intervention was provided to all of the participants. The everyday functional scenarios and the strategies used & practiced were according to the specific goals and difficulties of the participant.

9. N/A

**MODIFICATIONS**

10.\* N/A

**HOW WELL**

11. **Planned:** OT were trained to practice according to the protocol, and filled in a fidelity checklist following each session.

12.\* **Actual:** The number of FaC<sub>o</sub>T sessions was as planned and fidelity checklist was filled in for all participants. Only 3 participants dropped out before starting the first session

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