

# SeIFIT – FIT AGAIN AFTER AN ACCIDENT

## FACILITATING ACCEPTANCE, ADHERENCE, AND COMMITMENT

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### BACKGROUND



Since 2012 there have been around 800'000 registered accidents in Switzerland every year [1].



One of the most common consequences of an accident is the development of adjustment problems [2]. Even though adjustment problems are among the most frequently diagnosed mental health conditions there is a severe lack of research on the subject in all areas [3].



Fortunately, some of the characteristics of adjustments problems offer advantages in relation to low threshold interventions such as online self-help [4]. Thus, such interventions could offer a way to provide low-cost and evidence-based treatment for people with adaptation problems. However, unguided internet-based programs, i.e., programs that do not involve contact with a health care professional or therapist, were shown to be less effective than those guided by a therapist [5]. This is why the promotion of acceptance, adherence and commitment plays a particularly important role. Yet, little is known about how these factors can be promoted.



**Adherence** is defined as the extent to which patients are able to and actually do follow the recommendations provided by the respective treatment [6]. **Commitment** describes the extent to which a person feels connected to and as part of something.

### AIM

The aim is to increase commitment, treatment adherence and program acceptance by integrating different evidence-based strategies.



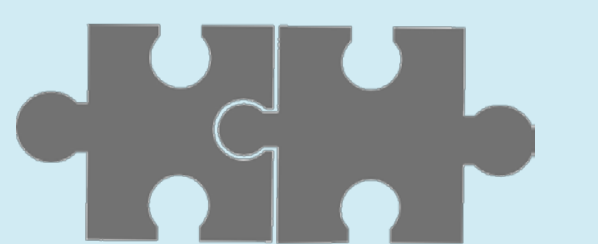
### CHALLENGES

One of the challenges was to increase the acceptance, commitment and adherence of an unguided Internet-based self-help program at various levels. At the same time, cost-effectiveness was not to be reduced. In addition, only relatively limited IT-based options were available.



### IMPLEMENTATION

Different techniques and means were used to increase acceptance, adherence and commitment at different levels. These include:



#### STRUCTURE



The SeIFIT program consists of eight different modules. For better overview, each module starts with a table describing learning goals, contents and special features. The modules can be worked on as long and as often as the user wants.

#### CONTENTS



The level of understanding about one's own condition and its treatment correlates positively with one's adherence [7]. Thus, the program includes easy to understand psychoeducation, which is also intended to trigger a change in behavior. This is further promoted by a variety of different exercises.

#### USABILITY



Commitment and adherence are also promoted by an easy-to-use, intuitive program as well as comprehensible instructions [7]. This includes features such as a program bar in which all important functions are constantly visible and available, as well as the storage of entered data so that the user's progress is not lost.

#### LINKS & MODALITIES



Participants often forget large portions of what they are told [7]. In SeIFIT, this is to be prevented by using different presentation channels, establishing references between the individual modules and linking the discussed contents repeatedly.

### EVALUATION

All implementations will first be tested in a pilot study. This will be done by means of questionnaires and open questions. The results will be incorporated before the RCT starts in autumn 2019.



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