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Designing the Maintenance Phase in Self-Directed Psychological Transformation

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Abstract— *Published descriptions of self-directed change programmes tend to detail the work up to completion and treat the maintenance period after it briefly, and reporting standards reflect this imbalance. This article examines how fully the Template for Intervention Description and Replication (TIDieR), a recognised reporting standard, can describe a six-month maintenance programme for adults who have completed a self-directed change workbook. The programme is non-clinical, combines peer accountability partnerships with group coaching, and covers mindset and identity, relationships, career and money, and emotional wellbeing. It was designed and delivered in the author's own private practice and is documented in two manuals and a design rationale. Its eight design components were coded against the twelve TIDieR items. Of the ten items a design document can answer, five were answered fully and five in part, including the peer role's qualifications. The two items that only a delivery record can answer were unanswered. Four specified components are asked for by no TIDieR item and are proposed as candidates for extending the standard. Two concern people: a peer role in which each participant both gives and receives support, and a built-in protocol for responding to lapses. Two concern time: a layered schedule of daily, weekly, monthly, three-month and six-month activity, and a planned transition into an ongoing peer community. The article proposes fidelity monitoring records: an adaptation rule, a change log, an owner of fidelity criteria and a delivery record. As a single-case analysis coded by the programme's designer, the findings are exploratory.*

Keywords— *accountability partnership, behaviour change maintenance, intervention description, programme design, TIDieR*

I. INTRODUCTION

1.1 Self-directed change and decline after completion

Self-directed change, the term used here for what the title calls psychological transformation, is change a participant works through in a structured programme, for the most part without a practitioner present. The programme examined, Mindset Monthly Mentor, is a non-clinical, six-month group coaching membership for adults who have completed Reset · Rewire · Rise, a three-phase workbook; its four domains are mindset and identity, relationships, career and money, and emotional wellbeing. A facilitator leads one 90-minute group call a month, and participants do the rest of the scheduled work alone or in pairs. The programme was designed and is run in the author's own private practice, where it began from a pattern seen again and again in client work: after a breakthrough in the core work, clients left with strong momentum and were back where they had started six months later. The observation is the practice's own, and the published record is where its generality can be checked.

Attrition while a programme runs is well measured: across 17 studies of app-based interventions for chronic disease, the pooled dropout rate was 43% (95% CI 29–57) (Meyerowitz-Katz et al., 2020). The concern here is a later point, after a programme has been completed.

Where that later point has been measured, part of the change achieved by the end of a programme is lost in the following months. In a cohort of 439 people who completed low-intensity cognitive behavioural therapy in remission, 53% relapsed within a year, and 79% of those relapses occurred in the first six months after treatment (Ali et al., 2017).

Across 249 trials of behavioural weight-loss programmes, weight was regained faster after the programme ended in intervention groups than in no-intervention control groups, although the difference between them persisted for at least five years (Hartmann-Boyce et al., 2021). For addictive behaviours, twelve-month relapse rates after attempts to stop drinking or smoking generally range from 80% to 95% (Hendershot et al., 2011). None of the three concerns non-clinical coaching: they show the problem in neighbouring fields and leave its size in this one open.

1.2 Established answers to decline after completion

Behaviour theories explain how change is sustained: a systematic review examined 117 in full text, included 100 and synthesised five interconnected explanations (Kwasnicka et al., 2016). The traditions below address a different question, how support for that maintenance is designed.

Four traditions, located by the search described in the Method, answer the problem with designed support. Relapse prevention, the model developed by Marlatt, prepares people for high-risk situations and for the lapse itself; its abstinence violation effect describes how a lapse viewed as personal failure leads to guilt and abandonment of the goal (Hendershot et al., 2011). Continuing care in addiction treatment extends contact after the intensive phase, with modest pooled effects; care that lasts longer and keeps patients engaged may produce more consistent results (McKay, 2021). Extended care in weight management schedules contact after the initial programme: among 445 adults who had completed a four-month lifestyle programme, extended care by individual telephone counselling reduced weight regain over the following 18 months compared with an education control (Perri et al., 2020). Mutual-help research contributes the helper therapy principle, that people who give help in self-help groups gain from the role (Riessman, 1965), and the peer support literature treats giving and receiving help within one relationship as a core principle (King & Simmons, 2018).

Each tradition assigns maintenance to someone: a therapist, a counsellor, a health coach or an established self-help group. The programme assigns most of it to the participant and to a fellow participant, and it writes its maintenance rules into the participant's own playbook. That makes it a test case for a reporting standard written for interventions delivered by providers.

1.3 Aim and approach

This article examines how fully a recognised reporting standard, the Template for Intervention Description and Replication (TIDieR), can describe a maintenance programme carried for the most part by its participants. TIDieR is a twelve-item checklist for describing what an intervention consists of (Hoffmann et al., 2014). TIDieR is applied here as a descriptive reporting framework, not as a marker of clinical research. The programme is decomposed into design components and coded item by item, in three parts: what the programme specifies, what the standard asks that the programme does not answer, and what the programme specifies that the standard does not ask.

The contribution is four candidate elements for an extension of the standard, each set against its nearest tradition, and the records that would make the programme reportable.

II. METHOD

2.1 Documentary base and unit of analysis

Two programme documents form the base: D1, the participant workbook of the preceding process (15 pages; three phases; twelve modules; seventeen exercises), and D2, the playbook of the six-month programme (12 pages). Both are programme documents in the sense used in documentary analysis, material produced independently of any researcher's request (Bowen, 2009). A third source, D3, is a written statement of the reasons for the programme's origin and for five design decisions: the credential-free peer role, the six-month span, the 48-hour rescheduling window, the two-miss trigger and keeping no participant records. D3 was written for this analysis, after the design; it records a stated reason and is no evidence that a decision works, and it is cited only in the Discussion. All three documents come from the author's own practice. Claims about the programme trace to D1 or D2 by page.

The unit of analysis is the design node: a component carrying its own dose, rule and place in the schedule. Eight were identified: entry and handoff (N1), solo daily practice (N2), the decluttering pillar (N3), dyadic accountability (N4), content cadence (N5), facilitated group contact (N6), self-tracking and the normative frame (N7), and designed exit (N8).

2.2 Coding instrument and coding rules

The twelve TIDieR items are brief name, why, what (materials), what (procedures), who provided, how, where, when and how much, tailoring, modifications, how well (planned) and how well (actual) (Hoffmann et al., 2014). Each node was read against each item, using the item's wording and the explanation published with it, and the readings were combined into one verdict per item for the programme as a whole: specified, partially specified or not specified. The verdicts describe the documents and pass no judgement on the practice; the rules and a worked example for item 9 are in the Appendix.

The items fall into two groups. Ten can be answered by a written plan. Two cannot: modifications (item 10) and how well the intervention was delivered (item 12) concern what happened while it ran, so a design document leaves them unanswered by definition. Table 1 marks these two items,

and the Results report the groups separately, so that the design is judged on the ten items it could have answered.

The behaviour change technique taxonomy, the alternative instrument, was set aside because it asks which of 93 techniques a programme contains, and an absent technique is no deficiency (Michie et al., 2013); TIDieR asks what a reader would need to replicate an intervention, which makes a silence informative. It is used here as a reporting framework and carries no implication that the programme is a clinical trial.

2.3 The residual pass

After the item-by-item coding, every element the documents specify for a node, whether a dose, a rule, a role or a transition, was listed and matched to the items whose wording or explanation asks for it. An element counts as residual when no item asks for it, so that a report completed item by item could omit it and still leave no item unanswered. Where an item could hold the element in free text without asking for it, the element remains residual and Table 2 names the nearest item.

Three judgements carried the pass. Item 8 asks for the number of sessions, their schedule and their duration, and its explanation accepts schedules varied by rules; it covers each rhythm of the programme, which is why it is coded as specified, but it has no field for the way five rhythms carried by different people combine. Item 9 concerns personalising, titrating or adapting an intervention for individuals; the layered schedule is the same for every participant, so item 9 does not reach it. Item 11 asks how fidelity was assessed and what strategies maintained it; it holds the two-miss trigger as an adherence strategy, and the trigger is coded there, but it asks nothing about the response the trigger releases or who delivers it. The pass was then repeated against three instruments read in full: a checklist for group-based behaviour change interventions (Borek et al., 2015), reporting guidelines for peer support research (King & Simmons, 2018) and the telehealth extension of TIDieR (Rhon et al., 2022).

2.4 Literature strand

The literature positions the programme and supplies the nearest tradition for each candidate element. It was assembled purposively, and neither exhaustive coverage nor a systematic review is claimed. A first round of eight queries was run against OpenAlex; after duplicates were removed, 401 unique records remained. Year, record type and the presence of an abstract reduced these to 364, screening against the inclusion criteria left 86, and 30 were retained for closer reading, to which four studies identified earlier were added. A second, targeted round of 16 queries covered relapse after treatment, relapse prevention, continuing and extended care, the helper therapy principle and peer support, and extensions of reporting standards, and added 13 sources. Of the 25 sources cited, 17 were examined in full text and the rest at the level of their abstracts or reported results.

2.5 Reflexivity and what is not claimed

Programme design, the writing of D1 to D3 and the coding were done by one person, in the author's own practice. Cotterill et al. (2018) proposed that a TIDieR description should state whose voice it carries; this one is written from inside the programme's own practice. Three procedures constrained interpretation: each verdict cites the page of D1 or D2 it rests on, which makes the coding traceable though not free of interpretation; the coding rules and every node reading are given in the Appendix; and D3 was kept out of the coding, is reported only beside the decisions it explains, and changed no verdict. No second coder checked the verdicts.

No outcome data exist for this programme and none were sought: the documents specify what is intended to happen and record nothing of what happened. The article contains no participant counts, completion rates or effect estimates, and no statement about effectiveness.

III. RESULTS

3.1 The construction decomposed

The eight nodes and their stated doses are as follows. N1, entry and handoff: the workbook closes by naming the six-month programme as its continuation and carries a signed commitment letter (D1 pp. 13–15); the programme opens with a 30-minute intention page of three prompts, four domain goals and a six-cell monthly tracker (D2 p. 9), a five-item matching form completed before the first group call (D2 p. 11) and a five-clause commitment (D2 p. 12). N2, solo daily practice: a 10-minute morning routine of seven timed elements (D1 p. 13); a 21-day daily belief practice of a morning statement and an evening note, part of the workbook's Rewire phase (D1 p. 9), which the playbook addresses participants as having started (D2 p. 2); in the decluttering month, a daily 10-minute written practice counted as met at five days a week, and a 20-minute daily ceiling on news and social media (D2 p. 4). N3, the decluttering pillar: three layers of clutter, each with four monthly actions, and a six-item Sunday checklist (D2 p. 4). N4, dyadic accountability: a weekly peer check-in, same day and time, 15–20 minutes, video or voice, no cancellation without rescheduling within 48 hours, a three-question format, five fixed questions and an instruction to reach out after a peer misses twice (D2 p. 5). N5, content cadence: a weekly release of five components, three with stated durations of 8–12, 5 and 10 minutes, plus a four-week sample calendar (D2 p. 7). N6, facilitated group contact: one 90-minute call a month, printed as 15, 20, 30 and 20 minutes across four named segments plus a closing segment, two to

three live coaching slots and a four-prompt preparation sheet (D2 p. 6). N7, self-tracking and the normative frame: a weekly review of five sections and three 1–10 scales for energy, emotional state and goal progress (D2 p. 10), a monthly intention review (D2 p. 9), six community values and a signed peer pledge (D2 p. 11). N8, designed exit: the sixth month reviews the period, sets the next six-month vision and graduates the participant into the ongoing community (D2 p. 3).

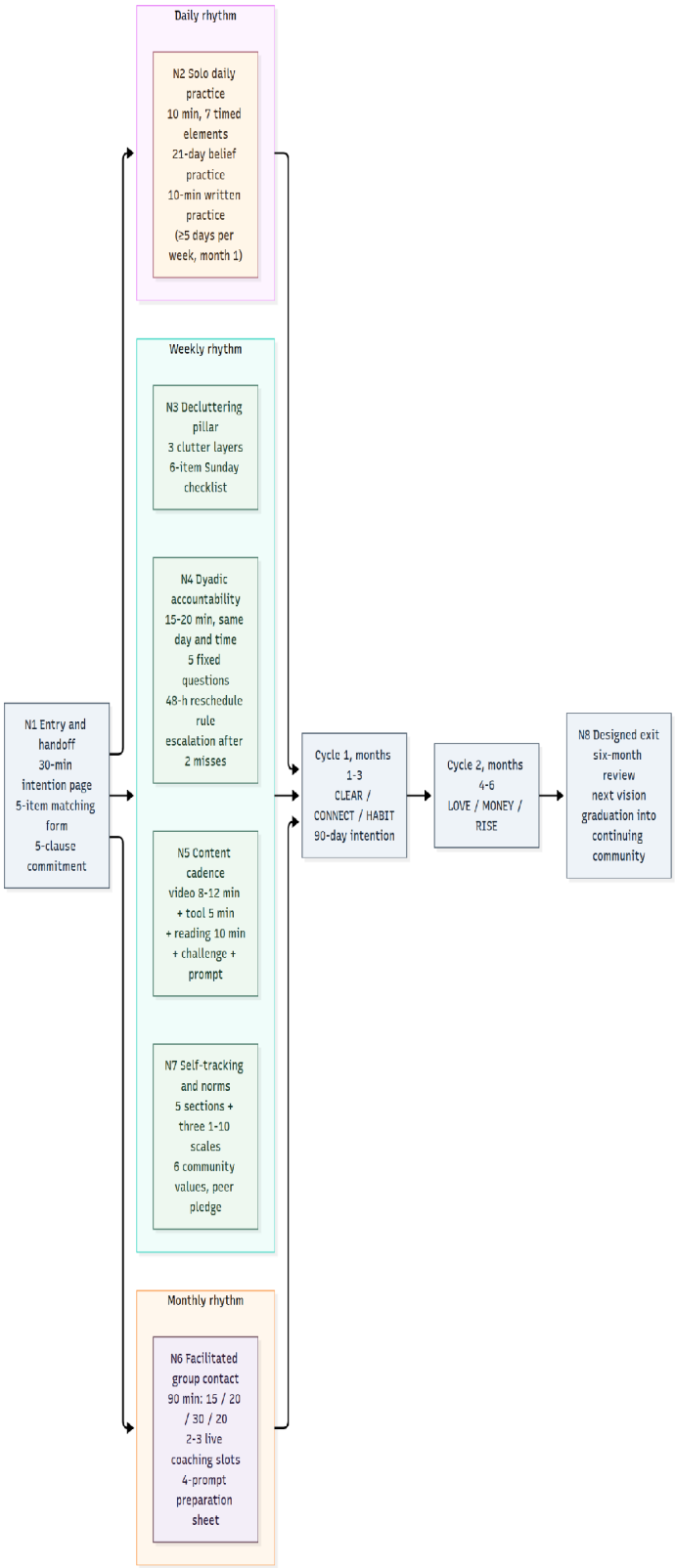


Fig. 1: The eight design nodes on their five rhythms, with the dose each carries as stated in the documents.

The nodes sit inside six months organised as two three-month cycles, with a 90-day intention set in the first month (D2 p. 3), one theme per month and four life domains across all six, giving 24 filled theme-by-domain cells and deeper work in months four and five (D2 pp. 3, 8). Fig. 1 maps the nodes onto their five rhythms: daily, weekly, monthly, three-month and six-month.

Arithmetic on the stated doses gives the planned scale of the design. The calculation includes every element that recurs in every month and carries a stated duration: 300 minutes for the daily routine (ten minutes on 30 days), 70 for the weekly peer call at the midpoint of 15–20 minutes, 100 for the timed weekly content, 40 for the ten-minute weekly check-in (D1 p. 13) and 90 for the group call. That is approximately 600 minutes a month and 60 hours over six months, of which solo daily practice takes about 50%, scheduled contact with another person about 27% and self-directed weekly work 23%. Four kinds of element are left out: one confined to a single month, the daily written practice of the decluttering month, which adds about 200 minutes in that month at its five-day threshold; those with no stated duration, namely the 21-day belief practice, the Sunday checklist, the monthly intention review, the weekly challenge and community prompt, and the five-section review of D2; the one-off 30-minute intention page; and the 20-minute daily ceiling on media, which limits time and doses nothing. The check-in of D1 is used because it is the only weekly review with a stated duration; with the five-section review of D2 in its place, the total is 560 minutes plus an unstated review time. All of these are planned doses, as the documents specify them.

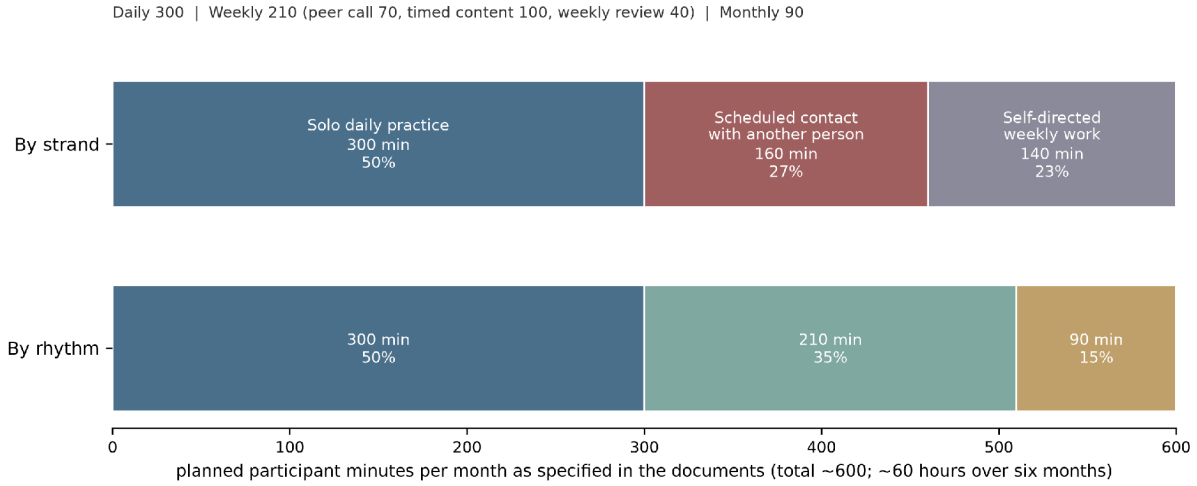


Fig. 2: composition of the approximately 600 planned participant minutes per month, by rhythm and by strand; values are arithmetic on doses stated in the documents.

3.2 Direction (a): what the design specifies

Of the ten items a design document can answer, five are answered in full: brief name, materials, procedures, mode of delivery, and when and how much (Table 1). Item 8 is answered by a dose for each rhythm: ten minutes a day for the morning routine, 15–20 minutes a week for the peer call, three timed components inside the weekly release and 90 minutes a month for the group call, with segment times printed. Item 4 is answered at the level of the script, with the five questions of the peer call and the four prompts of the preparation sheet written out. Item 6 separates the synchronous dyad, the synchronous group and the asynchronous release.

Table 1. Coding of the programme against the twelve TIDieR items; evidence cells give document and page (D1 13 = workbook p. 13); R marks the two items that only a record of delivery can answer

Item	What the programme specifies	Evidence	Verdict	Number or dose
1 Brief name	Named programme, stated purpose and length, positioned as the workbook's continuation	D1 13; D2 1, 3	specified	6 months, 2 cycles
2 Why	Rationales stated as research findings; no source given for any of them	D1 9; D2 4, 5	partially specified	3 claims stated, 0 sources given

3 What (materials)	Workbook, playbook, weekly content, review template, checklists, signed forms	D1; D2 4–12	specified	27 pp.; 17 exercises
4 What (procedures)	Daily routine, weekly peer call, weekly review, weekly content, monthly call, intention review, closing review	D1 13; D2 3–10	specified	6 recurring procedures; 1 closing review
5 Who provided	Facilitator credited by profession on the covers; peer partner described by no expertise, background or training	D1 1; D2 1, 5, 6, 11	partially specified	2 categories; 0 qualification statements for the peer role
6 How	Video or voice dyad, live group video, asynchronous release, community space	D2 5–7, 11	specified	4 delivery modes
7 Where	Remote by implication of the modes; no location or platform named	D2 5–7	partially specified	0 location statements
8 When and how much	Frequency, period and an amount (minutes or tasks) for every element	D1 13; D2 3–7	specified	≈600 planned min/month; ≈60 h over 6 months
9 Tailoring	Domain goals, monthly intentions, peer matching, live slots; no rule for what is adapted or by whom	D2 5, 6, 9, 11	partially specified	4 personalised elements; 0 adaptation rules
10 Modifications (R)	A specification carrying no record of change to itself	D1; D2	not specified	0 recorded modifications
11 How well (planned)	Monitoring delegated to participant and peer; no provider-side measure	D2 4, 5, 11, 12	partially specified	1 adherence threshold; 1 escalation trigger
12 How well (actual) (R)	No record of delivery is kept	D1; D2	not specified	0 fidelity records

3.3 Direction (b): what the standard asks and the design does not answer

The other five design-answerable items are answered in part, and four of them concern the people and conditions of delivery; none concerns the schedule. For item 5, the facilitator's profession is printed on the covers (D1 p. 1; D2 p. 1), with no statement of what the facilitator role requires. The peer partner carries the most frequent scheduled contact, 24 or more check-ins against six group calls, and the documents describe no qualification, preparation, screening or supervision for that role (D2 pp. 5, 11); the decisions behind items 5, 8 and 11 are set out in the Discussion. Item 7 is answered only by implication of the remote modes. Item 9 lists four personalised elements with no rule for what is adapted, by whom or when (D2 pp. 5, 6, 9, 11). Item 11 rests on countable thresholds, five days a week for the daily practice and two consecutive missed check-ins for outreach (D2 pp. 4, 5), assigned to participants and peers, with no one named to collect them. Item 2 is answered by assertion: the documents state that decluttering lowers physiological stress, that a cognitive-behavioural belief practice changes neural pathways, and that accountability partnerships raise goal completion by a stated percentage (D1 p. 9; D2 pp. 4, 5), and none of the three carries a source.

Items 10 and 12, the two that only a record of delivery can answer, are not specified: the documents keep no history of changes to the design and no record of its delivery.

Two internal inconsistencies belong to the same direction. The monthly call's printed structure allocates 15, 20, 30 and 20 minutes to four named segments, 85 of the stated 90; the fifth carries no time (D2 p. 6). And two weekly instruments coexist unreconciled: a ten-minute Sunday check-in of four prompts (D1 p. 13) and a five-section review with three scales (D2 p. 10).

3.4 Direction (c): what the design specifies and the standard does not ask

The residual pass identified four elements that the documents specify and that no TIDieR item asks for (Table 2). For two of them an item comes close: item 11 holds the trigger of the lapse response, and item 8 holds each rhythm of the layered dose. None of the three

instruments read alongside TIDieR asks for any of the four in full, so they stand as candidates for an extension.

Table 2. Four candidate elements: specified in the documents and not asked for by any TIDieR item

Element as specified	**Nearest TIDieR item and what it records**	**What no item asks for**
c1 Reciprocal peer role: each partner gives and receives support in the same weekly 15–20 minute call; pairs formed through a five-item matching form (D2 5, 11)	Item 5: the partner as a provider category, with no expertise, background or training	That the provider is also a recipient in the same contact; how pairs are formed; what each partner owes the other
c2 In-protocol lapse response: after two missed check-ins the partner reaches out with two scripted questions (D2 5)	Item 11: the trigger, as a strategy to maintain adherence (coded there); item 9 could hold it as a decision rule	What the response consists of, and that a fellow participant delivers it
c3 Layered dose: daily, weekly, monthly, three-month and six-month rhythms run at once (D1 9, 13; D2 3–7; Fig. 1, Fig. 2)	Item 8: each schedule and duration, including rules for varying them	How the rhythms combine: who carries each and what share of the planned time it takes
c4 Designed exit: month six reviews the period, sets the next vision and graduates the participant into a continuing community (D2 3)	Item 8: the period over which the intervention runs	How the intervention ends and where participants go after it

IV. DISCUSSION

4.1 Specified in detail, recorded nowhere

Published intervention reports tend to leave the intervention under-described: Hoffmann et al. (2014) cite a study of 137 interventions from 133 trials of non-drug treatments in which 39% were described adequately. This programme is the reverse case. Its documents give a dose, by time or by count, and scripts for each rhythm, but keep no record of delivery: items 10 and 12 lie outside what a design document can answer, and item 11 is answered only by thresholds that no one collects.

4.2 The decisions behind the design

Five decisions have a stated basis (D3), reported here beside the verdicts they bear on; none changes a verdict.

The peer role has no credentials by design. Its stated basis is that credentials create a dynamic in which participants perform for the professional, while beside someone in the same situation, with the same patterns and something at stake, they show a different honesty; the role is meant as a different kind of support (D3). That decision is why item 5 has no answer for the peer: the standard characterises a provider by expertise, background and training, and the role was built outside those terms.

The six-month span rests on three observations (D3): three months lets participants feel better but is too short to show anything; in a twelve-month programme participants lose engagement in the middle; and six months give two cycles in which to meet the same pattern twice, first to notice it, then with a choice.

The 48-hour rescheduling window and the two-miss trigger come from patterns recognised in practice (D3). One missed call tends to become two and then a lapsed pairing, and a 48-hour window holds the weekly rhythm without becoming a penalty. One miss is ordinary life; two signal a participant who is struggling or avoiding, and either calls for a response (D3).

Keeping no participant records has two stated reasons (D3): privacy was protected on the observation that participants change what they say about themselves when they feel tracked, and the programme was built for participants, with no study design. The same rationale names the absence of records as the programme's weakest point, an assessment reached in writing this analysis.

The documents also state three rationales (item 2). Two have published counterparts in related populations, which the documents do not cite and neither of which tests the programme's own claims: a correlational association between a cluttered home and a less healthy daily cortisol profile (Saxbe & Repetti, 2010), and decreases in amygdala grey matter volume and responsivity after cognitive behaviour therapy for social anxiety disorder (Månsson et al., 2016). The percentage attached to accountability partnerships has no identifiable source.

4.3 The four candidate elements against their nearest traditions

Reciprocal peer delivery (c1) has its nearest tradition in mutual help. The helper therapy principle holds that people who give help in self-help groups gain from the role (Riessman, 1965), and reciprocity is described as a core principle of peer support (King & Simmons, 2018). Dyadic support has been tested: a randomised trial of a buddy application for smoking cessation with 162 adults found a significant group difference in cigarettes smoked per day (RR 0.49, P = .002) (Schwaninger et al., 2021), and supportive accountability specifies human support for adherence to digital programmes (Mohr et al., 2011). Reporting progress to another person has its own evidence: a meta-analysis of experimental studies found that monitoring goal progress promoted goal attainment, with larger effects when progress was reported to others or made public (Harkin et al., 2016). In the programme, reciprocity is written into the protocol: both partners are participants, paired through a matching form, each owing the other a scripted weekly check-in. The reporting instruments describe peers as providers: TIDieR item 5 by expertise, background and training, the group checklist by facilitators' professional or non-professional status and training (Borek et al., 2015), and the peer support guidelines by core features of peer workers and of participants, listed separately (King & Simmons, 2018). None has a field for a provider who is also a recipient in the same contact, or for how such pairs are formed.

The in-protocol lapse response (c2) has its nearest tradition in relapse prevention, which separates a lapse from a relapse and names the abstinence violation effect, in which a lapse viewed as personal failure leads to abandonment of the goal (Hendershot et al., 2011). The two-miss trigger draws the same line in the support contact itself, one miss treated as ordinary and two as a signal (D3), and habit research is consistent with tolerating a single miss: missing one opportunity to perform a behaviour did not materially affect habit formation (Lally et al., 2010). Extended care has tested contact triggered by risk: telephone calls released when an algorithm estimated a high risk of weight regain, delivered by a trained interventionist, left regain over 20 months no different from monthly calls (1.27 against 1.75 kg) (Ross et al., 2025). The programme differs on three counts: the trigger is a missed peer contact, the responder is a fellow participant, and the reply is scripted in the playbook as two questions, "Are you okay? What's actually going on?" (D2 p. 5). Item 11 holds the trigger as a strategy to maintain adherence, which is how it is coded, and item 9 could hold it as a decision rule; neither asks what the response consists of or who delivers it, which makes c2 the narrowest of the four claims.

The layered dose (c3) has its nearest traditions in continuing care and extended care, which schedule contact after the main phase and treat duration and engagement as the dose: continuing care of longer duration with active efforts to keep patients engaged may produce more consistently positive results (McKay, 2021), and a recent trial of extended care used monthly calls as its standard schedule (Ross et al., 2025). Habit research doses one behaviour at a time, modelling how automaticity rises with daily repetition of a single self-chosen action (Lally et al., 2010). The programme differs in running five rhythms at once: the participant's daily practice, the pair's weekly call, the facilitator's monthly call, and the three-month cycles and six-month span that set the themes and the exit. Item 8 records each schedule and accepts rules that vary it, but it has no field for how the rhythms combine or for the share of planned time each carries, so the composition in Fig. 2 has no dedicated field in a TIDieR report.

The designed exit (c4) has its nearest tradition in the study of termination. A systematic review of 67 articles reports termination attributed to goal achievement at 40–53% in patients' accounts against 11.5–27% in therapists' (Rabinowitz et al., 2025). Continuing care follows initial treatment to maintain its gains (McKay, 2021). The programme differs in ending with a designed month in which the period is reviewed, the next six-month vision is set and the participant moves into the programme's continuing community (D2 p. 3). Termination research describes how a two-person clinical relationship ends, and continuing care a step down within treatment. No TIDieR item asks how an intervention ends or where participants go after it; item 8 records only the period over which it runs, and the group checklist records whether a programme has an end point at all (Borek et al., 2015).

4.4 A candidate extension for maintenance reporting

For reporting standards, the four elements are candidates for an extension that would let a maintenance programme carried largely by its participants be reported in full. Adjacent fields have taken this route once their delivery conditions stopped fitting the general form: web and mobile interventions (Eysenbach & CONSORT-EHEALTH Group, 2011), telehealth (Rhon et al., 2022) and group-based interventions (Borek et al., 2015) each acquired their own reporting items. A maintenance extension would add four fields: for a reciprocal peer role, how pairs are formed, what each partner owes the other and what happens when one withdraws; for an in-protocol lapse response, its trigger, its responder and the content of the reply; for a layered dose, each rhythm with its carrier and its share of planned time; and for a designed ending,

what the final period contains and where participants go next.

4.5 Records that would make the programme reportable

Items 9 to 12 each imply one addition, and the design already holds the instruments to produce them. For item 9, a tailoring rule: what may be adapted, by whom and on what trigger, covering peer rematching, the fixed position of deeper domain work in months four and five, and any adjustment to the daily dose. For item 10, a dated log of changes to the specification between cohorts. For item 11, a named owner of the two countable criteria the design already sets, the five-days-a-week threshold and the two-miss trigger. For item 12, a record of delivery: check-ins held against check-ins scheduled, group-call attendance, weekly reviews completed and the three 1–10 scales already in the review template.

These records pull against one of the stated reasons for keeping none: participants who change what they say about themselves when they feel tracked (D3) would now be counted every week. Three arrangements reduce that pull. Participants can keep the records themselves and pass on only counts, never content; counts can be aggregated across a cohort before they leave the group; and recording can be agreed at entry, as a clause of the commitment participants already sign (D2 p. 12). Whether candour survives counted check-ins is something only the first recorded cohort can show.

4.6 A competing explanation

Self-determination theory locates maintained behaviour in internalised, autonomous motivation; a systematic review of 66 empirical studies found autonomous forms of motivation consistently associated with sustained exercise participation (Teixeira et al., 2012). On that account, the dose architecture is scaffolding a motivated person would have built anyway. The programme fits both readings: its self-set domain goals and monthly intention review support autonomy, and its 48-hour rescheduling rule is structural. Nothing in this analysis favours either account.

4.7 Limitations

The base is two documents and a written rationale from the same practice, with no independent corroboration and no participant-side record; they document a design and its stated reasons and say nothing of its delivery. The verdicts were produced by one coder, the person who designed the programme, and no second coder checked them. The standard was developed for trials and is used here outside that setting, as a descriptive instrument. The four elements are defined against one standard and three related instruments, so they are offered as candidates, and an instrument not examined here may reach some of the same ground. The literature was assembled purposively, and the eight sources read only at the level of their abstracts or reported results support qualitative statements, which carry the uncertainty of that reading.

V. CONCLUSION

Coding one fully documented maintenance programme against TIDieR gives three results. First, the programme specifies its schedule in full: five of the ten items a design document can answer are answered in full, including a dose for each rhythm, approximately 600 planned minutes a month. Second, the standard asks for what the programme does not answer, and four of the five partial answers concern the people and conditions of delivery: the qualifications of the peer role, the location, the tailoring rule and the owner of fidelity criteria, with the two delivery-record items unanswered. Third, the programme specifies four candidate elements that the standard does not appear to cover: a peer who gives and receives support in the same contact, a lapse-response rule written into the protocol, a dose of five simultaneous rhythms and a designed transition into a continuing community.

Compared with a case description or a checklist reading alone, coding the items and then the residue shows both what a working practice leaves unrecorded and what a standard built for trials leaves unasked. Within the limits set out under Limitations, three steps would test these findings: collecting delivery data through the proposed records, independent coding by a second researcher, and the same coding applied to other maintenance programmes to see whether the four elements recur.

The approach suggests three applications. For the programme itself, the proposed records turn the weakest point named in the design rationale into a list of components. For other practitioners, the same coding may offer a route from a well-specified programme to a reportable one. For designers and standard developers, the four elements work as questions: is the peer role defined, does a lapse have a written reply, are the rhythms planned together, is the ending designed.

VI. DECLARATIONS

Funding: none. Conflict of interest: I designed the programme whose documents are coded here and run it commercially. Ethics: no participant data were collected or used; the analysis rests on programme documents and on my written design rationale, so ethical approval was not required. Data availability: the workbook (D1) and the playbook (D2) are my programme materials; they are not

attached to this article and are available from me on request.

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APPENDIX. CODEBOOK

A.1 Node readings

Each node was read against each TIDieR item, using the item's wording and the explanation published with it (Hoffmann et al., 2014). A reading takes one of four values: answers (every detail the item asks for is given for that node), answers in part (some details given, others absent), does not answer, or outside scope (the item does not apply to the node). Item 1 describes the programme as a whole and was read once. Requests addressed to the published report, such as where materials can be accessed (item 3), were not coded. For item 2, a rationale presented as a research finding without a source counts as an answer in part. For item 8, whose wording asks for "duration, intensity or dose", a node answers when it states frequency, period and one measure of amount: minutes, or a count of tasks, items or sections.

A.2 Item verdicts

An item is specified when every node in scope answers it, not specified when none answers it even in part, and partially specified otherwise. TIDieR asks for items 10 and 12 only if an intervention was modified or its fidelity assessed; both concern delivery, are marked R in Table 1 and are coded not specified. Table A1 gives every reading.

Table A1. Node readings behind the verdicts of Table 1 (A answers, P answers in part, N does not answer; nodes not listed are outside scope)

Item	Readings	Verdict
1 Brief name	programme as a whole: A	specified
2 Why	N2, N3, N4: P (unsourced research findings); N1, N5–N8: A (goal stated)	partially specified
3 What (materials)	N1–N8: A	specified
4 What (procedures)	N1–N8: A	specified
5 Who provided	N5, N6: P (profession on covers, role requirements absent); N4: N	partially specified
6 How	N1–N8: A	specified
7 Where	N4–N6: P (remote modes, no location or platform); N1–N3, N7, N8: N	partially specified
8 When and how much	A for all, by amount: N1 30 min; N2 10 min a day; N3 6-item checklist weekly; N4 15–20 min weekly; N5 5 components, 3 timed; N6 90 min monthly; N7 5 sections and 3 scales weekly; N8 4 tasks in month six	specified
9 Tailoring	N1, N4, N6: P	partially specified
10 Modifications (R)	answerable only from a record of delivery	not specified
11 How well (planned)	N1, N2, N4, N7: P (criteria set, no one collects them)	partially specified
12 How well (actual) (R)	answerable only from a record of delivery	not specified

A.3 Worked example: item 9, tailoring

Item 9 asks, if an intervention is personalised, titrated or adapted, what is adapted, why, when and how, including decision rules. Three nodes personalise something: N1 has each participant set four domain goals and six monthly intentions (D2 p. 9), N4 forms pairs from a five-item matching form (D2 p. 11), and N6 coaches two to three participants live in each call (D2 p. 6). Each names what is personalised; none states why or when a change is made, who decides it or on what trigger, such as a rule for rematching a pair or for choosing who is coached live. Each therefore answers in part, the other nodes apply the same content to everyone and are outside scope, and item 9 is partially specified.