A Conceptual Framework for Implementation of Evidence-Based Treatments
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Background
- Major theories of dissemination and implementation agree that "context" is important to implementation success.
- Data on implementation of evidence-based psychosocial treatments (EBTs) for cancer patients are unavailable.
- Theories and frameworks such as RE-AIM provide excellent guidance for evaluation of implementation, but little guidance to community providers attempting to implement an EBT.
- Objective: Provide a framework to guide psychosocial providers in community cancer centers planning EBT implementation.

Method
- Participants: N=136. 37% psychologists, 42% social workers, 3% mental health nurses. Employed at NCI designated cancer centers (29%), community hospitals (25%), academic medical centers (9%), Veterans Affairs facilities (9%), community supportive care facilities (9%).
- Training: 3-day institute on an empirically supported biobehavioral intervention for newly diagnosed cancer patients.
- Phase I: Developing Framework. Post-training, therapists (n=63) participated in 6 conference calls with trainers, with topics of implementation and fidelity. Analysis suggested person and environment effects on ease of implementation.
- Phase II: Piloting Framework. During training, therapists (n=73) were introduced to the framework developed in Phase I. Trainer-led small groups then discussed potential problems and generated solutions for implementation at their institutions.

Analysis followed a grounded theory paradigm beginning with line-by-line coding of transcriptions. Emerging concepts were identified, described, and labeled, then reviewed with trainers to ensure grounding in trainees' experience.

Example Solutions Generated in Phase II

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<tr>
<th>Problems</th>
<th>Solutions</th>
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<td>Medical providers:</td>
<td>• Lack knowledge about psychosocial benefits of EBTs&lt;br&gt; • Regard patients’ psychosocial needs as met&lt;br&gt; • Feel criticized for not meeting patient psychosocial needs&lt;br&gt; • Forgets or is too busy to refer patients</td>
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<td>Medical providers:</td>
<td>• Link distress screening to referral&lt;br&gt; • Show EBT reduces provider burden by managing psychosocial needs&lt;br&gt; • Make referral easier (e.g., provide &quot;prescription pads&quot; to medical providers with EBT information to offer patients, link distress screening to referral)</td>
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<td>Administrators:</td>
<td>• Need proof that EBT is valuable/will offer return on investment&lt;br&gt; • Bureaucratic &quot;red tape&quot;&lt;br&gt; • Offer verbal support without taking action</td>
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<td>Administrators:</td>
<td>• Create a business plan&lt;br&gt; • Pilot on a small scale to demonstrate benefits&lt;br&gt; • Generate patient demand (&quot;pull&quot;) for EBT through media coverage, community health events</td>
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Key Findings
- Person factors are attitudes, statements, and behaviors of key others.
- Environment factors are monetary resources like funds for staff time or space.
- Barriers may be more easily addressed with person support in place.

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