Ride the Knowledge Wave 8 – #EIE2021
Going online with implementation

Presenters:

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Presentation 3: *Anne Etzelmüller & David D Ebert (GET.ON Institute/HelloBetter, Hamburg); Tom Van Daele, Sylvie Bernaerts, Eva Van Assche & Nele AJ De Witte (Thomas More University of Applied Sciences, Antwerp); Per Carlbring (Stockholm University); Tine Nordgreen (Haukeland University Hospital, University of Bergen); Maria Karekla & Angelos P Kassianos (University of Cyprus); Lise Haddouk (Rouen University); Angélique Belmont (Union Professionnelle des Psychologues Cliniciens Francophones et Germanophones); Svein Øverland (St. Olavs Hospital, Trondheim); Rudy Abi-Habib & Pia Tohme (Lebanese American University); Agostino Brugnera & Angelo Compare (Department of Human and Social Sciences, University of Bergamo, Bergamo, Italy); Arantxa Duque (Universidad Internacional de Valencia); Jonas Eimontas (Vilnius University); João Salgado (University Institute of Maia – ISMAI); Andreas Schwerdtfeger (University of Graz, Graz) –* **Germany / Belgium / Sweden / Norway / Cyprus France / Lebanon / Italy / Spain / Lithuania / Portugal / Austria**

Presentation 4*: Dr Hedy van Oers, Lorynn Teela & Dr Lotte Haverman (Amsterdam UMC, University of Amsterdam); Dr Sasja Schepers & Dr Martha Grootenhuis (Princess Máxima Center for Pediatric Oncology, Utrecht) –* **Netherlands**

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Presentation 1: Implementing internet-delivered Cognitive Behaviour Therapy in mental healthcare services: An exploration of patient, intervention developer and mental healthcare service-based stakeholder experience

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Research Aim

This study explored stakeholder (iCBT intervention developers, mental healthcare workers, patients who have received iCBT) experience of implementing iCBT in mental healthcare/IAPT services.

Methods

Utilising a phenomenological design, 18 participants (6 per group) were recruited to participate in a semi-structured interview that was developed around 3 domains of interest:

(1) Implementation Process: What individuals do and the activities they participate in as part of implementation and their experience of these. Items here explored the different implementation experiences of each group, and further collected feedback on these.

(2) Implementation context: Based on the definition provided by Pfadenhauer's (2015) concept analysis: "…a set of characteristics and circumstances that consist of active and unique factors that surround the implementation effort". Specifically, participants were asked to reflect on whether contextual factors impacted on the implementation or use of iCBT.

(3) Decisive Elements: This domain explored the factors of most importance in the implementation process to each of the participant groups. For patients, questions were framed in terms of 'treatment satisfaction'.

The descriptive-interpretive approach (Elliott & Timulak, 2005; 2020) was used to code the data, resulting in the generation of several categories under the respective domains. Lastly, results from this study were compared to findings from a mixed-methods systematic review (MMSR) on implementation knowledge within the iCBT literature to inform a list of recommendations for the practice of implementing iCBT.

Key Findings

(1) Implementation never stops; effective leadership, generating staff buy-in and interaction between mental healthcare services and intervention developers facilitates iCBT creating benefit.

(2) COVID-19 has increased clinician exposure to iCBT due to homeworking, resulting in a positive shift in clinician perceptions towards digital interventions.

(3) The study extends the results of the MMSR, providing more insight on factors that are underreported within the iCBT literature, e.g., generating clinician buy-in, perspectives of intervention developers and commercially based individuals.

Discussion

In your experience, what have been the barriers or facilitating/key factors to implementing and sustaining iCBT or other digital initiatives, and how do they compare to the current study? How do we leverage the dissemination of research to effectively capture and report this information?

Presentation 2: Remote delivery of family interventions

Aurelie Lange, Tom Jefford, Brigitte Squire (Family Psychology Mutual CIC, London); Sajid Humayun (Greenwich University); Marieke van Geffen (de Viersprong); Ron Scholte (Tilburg University); Marc Delsing, (Praktikon) – *U.K. / Netherlands*

Research Aim

Due to the COVID-19 pandemic, mental health care has largely transferred to being delivered through videoconferencing (VC). Although there is evidence for the effectiveness of VC for individual adult psychotherapy, little is known about how the VC delivery format affects research-supported family interventions normally delivered face-to-face in home and community settings. This presentation will present findings from two studies (one UK- and one Netherlands-based), aimed at understanding how the delivery of Functional Family Therapy (FFT) and Multisystemic Therapy (MST) has been affected by the transfer to VC and what lessons can be learned for the future. FFT and MST provide short but intensive evidenced and home-based treatment to families on the edge of care.

Methods

A mixed-method design was used.

(1) Study 1: We conducted semi-structured interviews with FFT therapists about their experiences with using VC and used FFT monitoring data to analyse how VC was related to implementation outcomes.

(2) Study 2: Using routinely collected MST data it was analysed whether the lockdown and associated use of VC affected the strength and development of the working relationship between clients and therapists.

Key Findings

(1) Study 1: Not yet available, but will be available at the conference

(2) Study 2: The working relationship was not affected by using VC. However, there was some evidence that families with concerns around child abuse or neglect did report lower quality working relationships when using VC.

For both studies, we will discuss concrete changes in individual and organisational practice that were required in order to deliver the interventions through VC, and how these changes affected implementation outcomes such as feasibility and acceptability, drop-out rate and the working relationship (which is a central element of effective therapy).

Discussion

How can we use this knowledge for future implementation and delivery of (partially) remote systemic therapy? How can techniques and strategies used in remote working enhance the implementation of face-to-face interventions??

Presentation 3: Implementation of Online Consultations in Mental Healthcare During the Covid-19 Outbreak: Results from an International Survey Study on Uptake and Experiences

Anne Etzelmüller & David D Ebert (GET.ON Institute/HelloBetter, Hamburg); Tom Van Daele, Sylvie Bernaerts, Eva Van Assche & Nele AJ De Witte (Thomas More University of Applied Sciences, Antwerp); Per Carlbring (Stockholm University); Tine Nordgreen (Haukeland University Hospital, University of Bergen); Maria Karekla & Angelos P Kassianos (University of Cyprus); Lise Haddouk (Rouen University); Angélique Belmont (Union Professionnelle des Psychologues Cliniciens Francophones et Germanophones); Svein Øverland (St. Olavs Hospital, Trondheim); Rudy Abi-Habib & Pia Tohme (Lebanese American University); Agostino Brugnera & Angelo Compare (Department of Human and Social Sciences, University of Bergamo, Bergamo, Italy); Arantxa Duque (Universidad Internacional de Valencia); Jonas Eimontas (Vilnius University); João Salgado (University Institute of Maia – ISMAI); Andreas Schwerdtfeger (University of Graz, Graz) – *Germany / Belgium / Sweden / Norway / Cyprus France / Lebanon / Italy / Spain / Lithuania / Portugal / Austria*

Research Aim

While the uptake of e-mental health interventions remained low, the COVID-19 pandemic created a need for online consultations and telepsychology. This study investigated determinants of the implementation of online consultations provided by mental health professionals during the first wave of the COVID-19 pandemic.

Methods

The EFPA Project Group on eHealth set up an online survey on the use of online consultations by mental health professionals in response to the COVID-19 pandemic. Online consultations were defined as digital contacts between clients and mental health professionals in the context of psychological counselling or psychotherapy, via text, audio, video, or a combination of all these. Recruitment occurred in spring 2020 through opportunity sampling via mailing lists and social media announcements of the EFPA group and national psychologists' associations. A deductive approach to qualitative analyses was applied on a national level, following a codebook based on the Unified Theory of Acceptance and Use of Technology (UTAUT) and its adaptation to end users. Frequency analyses were performed on an aggregated dataset to compare responses within and among countries.

Key Findings

The sample consisted of 2,082 individuals, including participants from Austria, Belgium, Cyprus, France, Germany, Italy, Lebanon, Lithuania, the Netherlands, Norway, Portugal, Spain, and Sweden. The included mental health professionals were psychologists (N=1,848), psychiatrists (N=22), or other self-specified professions (N=209). Mental health professionals quickly and flexibly adopted online consultations but did share concerns about their usefulness, relational aspects, performing certain interventions, or working with certain populations. This contrasts with the growing evidence on the equivalence of relational aspects in different modes of delivery. Professionals also had concerns about the privacy and security of online consultation software and experienced technical difficulties. Professionals' concerns are in line with their lack of pertinent education in e-mental health.

Discussion

What do you think are the consequences of the Covid-induced implementation for (a) the sustainability of implementing online consultations and (b) the potential for achieving a permanent shift towards deeper, structurally embedded e-mental health implementation in clinical practice?

Presentation 4: Implementation of the KLIK PROM portal using the Consolidated Framework for Implementation Research (CFIR) retrospectively

Dr Hedy van Oers, Lorynn Teela & Dr Lotte Haverman (Amsterdam UMC, University of Amsterdam); Dr Sasja Schepers & Dr Martha Grootenhuis (Princess Máxima Center for Pediatric Oncology, Utrecht) – *Netherlands*

Research Aim

The KLIK Patient Reported Outcome Measure (PROM) portal (www.hetklikt.nu) is an evidenced intervention implemented in clinical practice in >25 Dutch hospitals for patients (children and adults) who regularly visit the outpatient clinic. Implementation science frameworks can be used to understand why implementation succeeded or failed, to structure barriers and enablers, and to develop implementation strategies to overcome barriers.

The aim of this study was to (a) retrospectively describe the most prominent determinants and reasons of successful KLIK PROM implementation using CFIR, and (b) use the CFIR-ERIC Implementation Strategy Matching tool to identify current barriers of the KLIK PROM portal implementation and match implementation strategies that address the identified barriers.

Methods

The KLIK implementation process was described retrospectively based on literature and experience, using the 39 CFIR constructs organized in five general domains: intervention characteristics, outer setting, inner setting, characteristics of individuals and implementation process. The CFIR-ERIC (Expert Recommendations for Implementing Change) Implementation Strategy Matching tool identified current barriers in the KLIK implementation and matched implementation strategies that addressed the identified barriers.

Key Findings

The most prominent determinants of successful KLIK PROM implementation lie in the following CFIR domains: intervention characteristics (e.g., easy to use), characteristics of individuals (e.g., motivation) and process of implementation (e.g., support). 13 CFIR constructs were identified as current barriers for implementing the KLIK PROM portal. The highest overall advised ERIC strategy for the specific KLIK barriers was to identify and prepare champions.

Discussion

How to use CFIR in an implementation process? What does the audience think about the usefulness of the Inner setting domain? Is CFIR applicable for the context of PROM implementation or are there more suitable alternatives?