IMPLEMENTATION GUIDE Alleviating Depression Among Patients with Cancer (ADAPt-C)

Using an Evidence-Based Program to develop a process model for program delivery in the practice setting

<u>Note:</u> Refer to "Using What Works: Adapting Evidence-based Programs to Fit Your Needs". Review the appropriate Modules and the handouts provided in each, in order to modify and evaluate this program to meet the needs of your organization and audience.

"Using What Works" is available online at: http://cancercontrol.cancer.gov/use_what_works/start.htm.

I. Program Administration (Type of Staffing and Functions Needed)

Cancer Depression Clinical Specialist (CDCS) (master's-level social worker)

- Creates a referral resource manual of appropriate local community agencies for the implementation site
- Responsible for initial assessment, education, and activation of each enrolled patient
- Coordinates treatment approach with the patient, oncologist or primary care physician, and consulting psychiatrist
- Provides Problem-Solving Therapy (PST) in person or by phone for patients who choose to receive psychotherapy
- Completes a relapse prevention plan for those patients who achieve clinically significant remission
- Documents all services using structured service tracking forms
- Communicates with the oncologist or primary care physician and nursing staff about the patient's depression care
- Attends weekly clinical supervision from the consulting psychiatrist
- If bilingual, provides care in Spanish and acts as a translator during psychiatric evaluations as needed
- Participates in 2-week training provided by the intervention developer

Consulting Psychiatrist

- Meets with the CDCS weekly to review new and non-responding patients
- Provide telephone consultation to other patient physicians as needed
- Answer clinical and logistic questions from CDCS as needed

Oncologist or Primary Care Physician

• Evaluate and manage acute antidepressant medication treatment in patients who choose medication as the first line of depression treatment

II. Program Delivery

For additional information on modifying program materials, refer to the appropriate Module(s) for program adaptation from "Using What Works".

A. Program Materials (All listed materials can be viewed and/or downloaded from the RTIPs Products Page):

- Provider Therapist Training Materials
 - ADAPt-C Therapist Manual: This 62-page document provides detailed information on the implementation process, roles and responsibilities of staff, intervention background and rationale, step-by-step guidance for intervention delivery, and guidance on the use and location of intervention forms and resources.
 - o **ADAPt-C Stepped Care Treatment Algorithm**: This 2-page document describes in detail the intervention steps and associated decision tree.
 - o **ADAPt-C Problem-Solving Treatment Protocol**: This 1-page document describes he components of Sessions 1–9 of PST.
 - o **ADAPt-C Cultural Competency**: This 7-page document guides the self-study training of CDCS on cultural competence in health care.
 - Problem-Solving Therapy (PST) for Adults With Cancer: This 21-page manual adapts the PST model for use with low-income, Latino patients with cancer.
- ADAPt-C Intervention Assessment and Tracking Materials
 - o **MSW Initial Assessment**: This 8-page assessment is completed during each patient's initial visit.
- ADAPt-C Intervention Patient Materials (available in English and Spanish)
 - Six Steps of Problem Solving: This 8-page workbook includes patient exercises that are a part of PST.
 - What You Need To Know About Depression: This 15-page psychoeducational
 patient booklet reinforces concepts discussed by the CDCS throughout the
 intervention process. A similar 17-page booklet is available for the patient's
 family members.
 - o **PST Handouts**: Assorted PST handouts for patients are combined into this single 17-page document.
 - Your Treatment Plan/Your Personal Relapse Prevention Plan: These 1-page forms include items in both English and Spanish to facilitate patient/CDCS planning sessions.
 - Sample Patient Resource List: This 2-page document provides a listing of referral agencies. A CDCS for each new site will create a local version of this document.

B. Program Implementation:

The steps used to implement this program are as follows:

- Step 1: The CDCS administers the MSW Initial Assessment to the patient to determine diagnoses.
- Step 2: Patients with depression choose to start treatment with either PST or antidepressant medication. The Stepped Care Treatment Algorithm dictates next steps for the intervention dependent on this patient choice.
- Step 3: The CDCS meets with the consulting psychiatrist weekly for clinical supervision.
- Step 4: The CDCS maintains regular communication with the patient's oncologist or primary care physician throughout treatment.
- Step 5: The CDCS consults the ADAPt-C Therapist Manual and ADAPt-C Stepped Care Treatment Algorithm for details on timing for the use of the Problem-Solving Treatment Protocol and other intervention materials. The CDCS consults the Problem-Solving Therapy (PST) for Adults With Cancer manual for guidance in using PST with low-income, Latino patients. Intervention patient materials (in English or Spanish) are distributed as designated in the ADAPt-C Therapist Manual.

Step 6: The CDCS continues to track treatment progress following the protocol described in the ADAPt-C Therapist Manual.

III. Program Evaluation

For additional information on planning and adapting an evaluation, review the appropriate Modules for program implementation and evaluation from "Using What Works".

http://cancercontrol.cancer.gov/use what works/start.htm

For further assistance in designing and conducting an evaluation, consider communicating with members from NCI's Research to Reality (R2R) community of practice who may be able to help you with your research efforts. Following is a link to start an online discussion with the R2R community of practice, after completing registration on the R2R site: https://researchtoreality.cancer.gov/discussions.