

# IMPLEMENTATION GUIDE

## Dyadic Support for Men with Prostate Cancer

*Using a Research-tested Intervention Program (RTIP) to develop a process model for program delivery in the practice setting*

**Note:** 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](http://cancercontrol.cancer.gov/use_what_works/start.htm).

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

**Program Manager** (Recommended: Advanced Practice Nurse)

- provides day-to-day operation
- recruits and supervises support partners
- controls budgets, deadlines, supplies
- conducts dyadic training for support partners

**Support Partner(s)**

- long-term, prostate cancer survivor
- has experienced incontinence and erectile dysfunction due to a prostatectomy
- implements dyadic support program
- keeps a dyadic meeting log which tracks and reports the number and duration of meetings and the topics discussed

**Data Analyst / Epidemiologist**

- monitors dyadic support program
- conducts data collection and performs analysis

### 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 Products Page*):

- **Implementation Guide**

- **Support Partner Training Manual:** A training guide for support partners to discuss 1) purpose of the program; 2) meeting logistics; 3) skills required to conduct a dyadic meeting; 4) topics of discussion; 5) contact people; 6) what to record in the dyadic meeting log.

## **B. Program Implementation:**

The steps used to implement this program are as follows:

Step 1: Identify potential program participants. Recommended time for the recruitment of patients, six weeks after prostatectomy; for support partners, 5 or more years after prostatectomy.

Step 2: Complete dyadic training for support partners. Estimated training time is three to six hours. See the Training Protocol in the **Support Partner Training Manual**.

Step 3: Match each patient with a support partner.

Step 4: Schedule Dyadic Meetings. Recommended number and frequency of meetings are eight meetings within 60 days. See the Support Partner Training Pamphlet and Discussion Outline section in the **Support Partner Training Manual**.

Step 5: Support partner record logs about the frequency, duration, and quality of the meetings. See the Friends-for-Life Dyadic Intervention Log section in the **Support Partner Training Manual**. Note any signs of patient depression.

- a) If a patient shows signs of depression, program manager should call patient to assess the situation.
- b) Refer patient to a physician if needed.

Step 6: Prior to Dyadic Meeting Eight, refer to the **Support Partner Training Manual** about ending the dyadic relationship.

Step 7: At the conclusion of each meeting, return completed Dyadic Intervention Logs and other relevant materials to the Program Manager.

## **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](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>.