Chapter 4

From Science to Practice:
Implementation and Clinical Guidelines for an Internet Intervention for Postpartum Depression

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ABSTRACT

This chapter provides a practical hands-on blueprint needed to design and plan the implementation of internet interventions, addressing all the important aspects of the implementation process. The guidelines are based on the active implementation framework by Fixsen and colleagues (2005) and provide readers with a case example of an internet intervention in Norwegian primary care. They describe the "how-to" of implementation from presenting the background of the intervention, the theory behind implementation, actual implementation planning, evaluation, and clinical work. This serves to give stakeholders a common framework for understanding the requirements for implementing an intervention in practice, the activities and resources needed, and may guide an organization through the implementation process. The case example also shows that implementation and clinical guidelines are mutually affected by each other, and should be developed and viewed together.

INTRODUCTION

Internet interventions have shown positive effects for preventing and treating mental health problems (Andersson, Cuijpers, Carlbring, Riper, & Hedman, 2014). However, when interventions are imported, replicated or scaled up, it is critical not only to understand whether an intervention works, but also how to translate and integrate the intervention effectively into practice. Effective interventions that are implemented with low quality are not going to benefit users and provide safer and better healthcare services (Blase & Fixsen, 2013; Proctor & Rosen, 2007), and may even have unintended negative consequences (Barnoski & Aos, 2004). Thus, it is of utmost importance that the implementation of internet interventions is considered and studied to the same extent as their efficacy and effectiveness. However, to date, no studies of internet interventions have any hard data about their implementation. A recent review of internet interventions for depression demonstrated the absence of research and information about their implementation, in particular on aspects of leadership and organization (Drozd, et al., 2016). None of the identified studies examined the relationship between the implementation quality and intervention outcomes, and few studies were even considered to investigate the effects of specific implementation strategies. There are some articles describing "lessons learned" in the development and delivery of internet-based cognitive behavior therapy (e.g., Hadjistavropoulos et al., 2011), case studies (e.g., Christensen & Griffiths, 2007), and methodological papers (e.g., Andrews & Williams, 2015). However, few provide any direct input for implementation. Consequently, the implementation of internet interventions must be better documented and studied to accelerate their uptake in practice.

MAIN FOCUS OF THIS CHAPTER

The purpose of this chapter is to provide a practical, hands-on blueprint for the implementation of internet interventions presented by a case for the prevention of perinatal depression in well-baby clinics. This can contribute to a systematic and comprehensive description and reporting of the implementation of internet interventions, which, in turn, may contribute to speed the translation of research findings into routine practice. The guidelines are based on the Active Implementation Framework (AIF) by Fixsen and colleagues (2005) and The Norwegian Center for Child Behavioral Development's implementation of comprehensive programs in Norway (Gomez, Grønlie, Kristiansen, & Richardsen, 2014). In addition, the guidelines are based on the National Network for Infant Mental Health's extensive knowledge and experiences of implementing nationwide programs over the past

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