

Letter from Rinad

Dear PISCE@LDI community,

The past few weeks have drastically changed the way we live, work, and play. I'm sending all of my best wishes to each and every one of you. While each day is not without its challenges, I have been trying my best to focus on the silver linings. One of the greatest silver linings are our hard working colleagues here at Penn Medicine and all across the world working to save lives. I have been so inspired by the many ways in which you all are giving back to our community whether it be working clinically, pivoting your research to fill needs related to COVID-19, donating supplies from your labs, or operational innovations. I'm so proud to be part of this community and wish you all love and light. I look forward to the day to when we can come together again in-person to continue our efforts to build implementation science community at Penn.

Be well,
Rinad

Save-the-Date Upcoming Events

04/14 PISCE@LDI Works-in-Progress Meeting

CANCELED DUE TO COVID-19

06/17 PISCE@LDI Works-in-Progress Meeting

Date: Wednesday, 06/17

Time: 12-1pm

Location: TBD

Please contact Dr. Rinad Beidas at rbeidas@upenn.edu if you are interested in presenting. As a reminder, this is a great opportunity to workshop a seedling of an idea, specific aims, or papers that you are working on.

Spotlight on PISCE@LDI Member

Becca Stewart, PhD

Dr. Stewart is an Assistant Professor at the Penn Center for Mental Health. We are very excited to spotlight Dr. Stewart as the PISCE@LDI member of the month for April. In the following conversation with Dr. Stewart, we learn more about her background and interests within implementation science.

PISCE@LDI: Please tell us a little bit about yourself.

Dr. Stewart: I am a clinical psychologist and behavioral health services researcher interested in the adoption and implementation of evidence based practices (EBPs) in mental health and substance use settings. I have a particular interest in non-adopters at the organizational and practitioner level. I have interviewed both community mental health and substance use agencies that do not adopt EBPs, including medication-assisted treatments (MAT) for opioid use disorder. I am finishing the first year of a NIDA K23 that examines the organizational response to the 2020 Philly MAT Mandate. When I'm not at Penn, I live in the suburbs with the world's funniest man and we have three young and wild children.

PISCE@LDI: How did you become interested in implementation science?

Dr. Stewart: This is a great question. Multiple experiences and excellent mentors have guided me to this path. My earliest experiences in graduate school were the most transformative, although I didn't know at the time it was implementation science! I came to my interview at Penn Psychology determined to gain entrance to their Ph.D. program and become a psychotherapy researcher. During my interview with Dianne Chambless, we did not discuss the mechanisms of change in cognitive-behavioral therapy for anxiety and depression (as I had prepared and gone on at some length about in my essay). Instead we talked about why practitioners don't use CBT and why there was such controversy over the development of a list of psychosocial empirically-supported treatments based on randomized controlled trials. Dianne and I had a lively discussion and after I was fortunate enough to be accepted, I came to Penn armed with ideas about practitioner adoption (and non-adoption) of evidence. This conversation and early mentorship under Dianne changed the trajectory of my career and put me on a track to IS. Another weighty influence for me in those early days was a then-decade-old paper by Beutler and colleagues (1995) in *American Psychologist*. Beutler and colleagues surveyed psychologists (clinicians and researchers) about from what sources they would like to receive information. They found that the communication avenues preferred by each group were the ones least likely to be used by the other. For example, researchers largely preferred academic journals, while the plurality of clinicians indicated they would prefer to hear about research findings from conferences and newsletters. This paper highlighted the science-practice gap in an obvious (and excruciating) way, had very practical implications, and profoundly influenced my early work.

PISCE@LDI: What excites you most?

Dr. Stewart: There are many exciting things happening here at Penn, at PISCE, and in the implementation science world at large. At present, I'm collecting data to learn about how implementation "in the wild" is happening under a mandate and I'm excited to dive deeper with particular organizations to develop and test strategies to enhance MAT adoption and implementation. Beyond knowing that narratives work, I don't think we've scratched the surface on how to make research evidence more compelling to patients, families, or practitioners. I think scientists (who are naturally swayed by data) forget that presentations of research data are not sufficiently compelling to most. On the other side of the equation, it is also a very exciting time to be interested in behavioral health outcomes. Most payers and organizations embrace outcomes and paying-for-value conceptually, yet details remain murky on how to fairly measure (or pay) for them. I'm enthused by any small step towards this quandary.

Training Opportunities

[Implementation Science Institute](#)

June 3rd-5th, 2020 (*Note: Due to COVID-19, ISI 2020 will be held virtually.*)

Instructors: Rinad Beidas, PhD, Meghan Lane-Fall, MD, Judy Shea, PhD, Wynne Norton, PhD

"The purpose of the Implementation Science Institute is to provide participants with the tools to design and execute rigorous implementation science research. The Institute will give an introduction to the foundations of implementation science (i.e., terminology, conceptual models and frameworks, study design). Students will also receive an overview of advanced topics including implementation strategies and sustainability. The course directors will cover tips for grant writing, skill development and time will be spent writing specific aims for Implementation Science grants. We will also explicitly describe how principles of implementation science can be applied to practical implementation efforts."

[Register here](#), registration will close April 20th, 2020 at midnight.

Please contact mshp@pennmedicine.upenn.edu with any questions.

Funding Opportunities

One-Year FY2020 EHE CFAR/ARC Supplement Announcement

The NIH invites eligible NIH CFARs and NIMH ARCs to submit administrative supplements in support of the [Ending the HIV Epidemic: A Plan for America](#) (EHE) initiative on the following research topics:

- **EHE Team-initiated Implementation Research** - \$200,000 Direct Costs (Maximum of 2 applications/center)
- Reaching Cisgender Heterosexual Women with PrEP - \$150,000 Direct Costs (Maximum of 1 application/center)
- Evaluating and Developing Data-Driven Messages and Communication Strategies for EHE - \$150,000 Direct Costs (Maximum of 1 application/center)

The deadline for applications to be received is May 18, 2020, and the earliest anticipated start date is July 1, 2020.

If you are interested, please reach out to Dr. Ronald Collman and/or Dr. Robert Gross at the Penn CFAR.

Featured Publication

Williams NJ, Wolk CB, Becker-Haimes EM, Beidas RS. [Testing a theory of strategic implementation leadership, implementation climate, and clinicians' use of evidence-based practice: A 5-year panel analysis](#). *Implementation Science*. Feb 2020.