



Northwest (HHS Region 10)

**MHTTC**

Mental Health Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration

# IMPLEMENTING AN EVIDENCE-BASED LIFESTYLE INTERVENTION

**STRIDE** 

# OVERVIEW

People with serious mental illness have a life expectancy that is on average 10-15 years shorter than that of the general population. Cardiovascular disease (CVD) is the leading cause of this premature mortality;<sup>1</sup> obesity and diabetes are major risk factors for CVD, and all antipsychotic medications are associated with increased risks of both obesity and diabetes.<sup>2</sup>

STRIDE is an evidence-based lifestyle intervention that has been shown to promote clinically significant weight loss and reduce the risk of diabetes among people taking antipsychotic medications. The program was developed by Kaiser Permanente Center for Health Research.

 [Read more about the trial.](#) STRIDE and other similar evidence-based lifestyle programs have not been widely implemented in routine community mental health settings. A pilot implementation of STRIDE in a Certified Community Behavioral Health Center (CCBHC) was conducted to inform larger efforts to disseminate the program.

# PROJECT

Dr. Lydia Chwastiak and Dr. Bobbi Jo Yarborough are established researchers in the area of integrated care in community mental health settings. In joining forces, the Northwest MHTTC and Kaiser Permanente Center for Health Research aimed to develop the research and training materials for a wider audience to support the implementation of the STRIDE program in mental health settings.

Starting with training materials from a research study, we provided intensive technical assistance (TA) to a single CCBHC in Tacoma, WA. This training equipped a small group of clinicians with the skills necessary to facilitate STRIDE groups independently. This project was initiated during the COVID-19 pandemic and was adapted in response to the evolving situation. These adaptations also led to the development of training materials for a wider delivery than initially scoped.

1. Olfson M, Gerhard T, Huang C, Crystal S, Stroup TS. Premature Mortality Among Adults With Schizophrenia in the United States. *JAMA Psychiatry*. 2015 Dec;72(12):1172-81.

2. Ijaz S, Bolea B, Davies S, Savović J, Richards A, Sullivan S, Moran P. Antipsychotic polypharmacy and metabolic syndrome in schizophrenia: a review of systematic reviews. *BMC Psychiatry*. 2018 Sep 3;18(1):275.

# OUR PARTNERS

 KAISER PERMANENTE.  
Center for Health Research



Bobbi Jo Yarborough, PsyD.  
Senior Investigator



Christine Catlin, BS  
Research Associate

# STRIDE



EBP Lifestyle Program  
Implementation Support

## GOALS FOR PROJECT

- 1 **Develop materials and resources to provide virtual training and technical assistance for implementation of the STRIDE program**
- 2 **Tailor longitudinal consultation by an expert trainer to target barriers in the early implementation period**
- 3 **Evaluate the acceptability of the virtual training materials and the feasibility of longitudinal consultation as an implementation strategy**

## CHALLENGES TO DISSEMINATION

STRIDE is an effective program for promoting a healthy lifestyle among people taking antipsychotic medications, but the experts who developed the program have limited capacity to respond to requests for training.

In-person training is resource-intensive and some individuals and groups face barriers to accessing (e.g., limited funds for travel long distances or hosting a training), but there is limited guidance for the development of interactive and engaging virtual training activities.

Training on evidence-based practices involves acquisition of both knowledge and skills. Staff in most clinical settings have limited time available for live training, so face-to-face time should prioritize skill building, but foundational information must also be available.

STRIDE group facilitators need ongoing support after the initial training, but the longitudinal implementation support provided in research studies is not feasible in routine clinical settings.

# IMPLEMENTATION STEPS



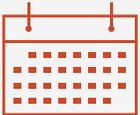
Partnered with Kaiser Permanente Center for Health Research, Portland, OR



Project took place in a new CCBHC in Tacoma, WA



Clinical staff trained as STRIDE group facilitators



2 live virtual sessions  
6 months of consult calls



[View summary and resources](#)

## 1

Transformed the foundational manual of the clinical evidence & principles underpinning STRIDE into the free, widely available e-course [Empowering Wellness in Mental Health: Helping People with Their Lifestyle Changes](#).

## 2

Led organizational readiness exploration with CCBHC leadership for implementation.

## 3

Adapted existing training materials from clinical trials into curriculum for an engaging live 8-hour skills training session, delivered virtually over two days.

## 4

Provided longitudinal training and coaching to CCBHC STRIDE group leaders.

## 5

Created a curriculum package including [training videos](#), [learning guide](#) and a 5-hour e-course for [STRIDE Group Facilitation](#).



# PROJECT RESULTS



After being trained, the CCBHC's STRIDE group facilitators completed STRIDE's 24-session curriculum with a first group, then launched two other groups within the first 6 months of implementation. A wide range of providers with varying levels of education, including social workers, a nurse, peer specialists, recreation/occupational therapists, a case manager, and substance use disorder professionals all successfully facilitated engaging groups.

## MEETING OUR GOALS

- Developed free-to-access training materials that could be used with a wider audience, including an e-course, curriculum package, and 5-hour STRIDE group facilitator training.
- Held meetings and interviews with staff and CCBHC leadership to tailor implementation strategies to target identified barriers.
- The first STRIDE group launched in January 2022, and from March to June 2022 three subsequent groups launched. Attendance has been lower than anticipated, however interest remained to continue expanding access.

## DRIVERS

Key drivers during the implementation process included:

- Buy-in from leadership
- Interest from clients
- Engagement from staff
- Staffing capacity
- Organizational data tracking tools that aided in identifying eligible clients
- Grant funding support
- Access to highly skilled trainers
- Structured and implementable training materials

## BARRIERS

While COVID was the major barrier to engagement, participants and staff also reported other challenges:

- Accessibility/lack of time for training
- Staff turnover
- Unfilled key staff positions at the time of the STRIDE training
- Competing organizational demands
- No protocol developed to support referrals from outside practitioners
- Challenges following the manualized curriculum under time constraints

# LESSONS LEARNED

This intensive TA project addressed integrated care, a priority topic in Region 10. For community mental health organizations wishing to implement evidence-based lifestyle programs, major barriers include awareness of specific evidence-based interventions and access to training materials. Accordingly, this project's primary goal was the development of scalable training materials for the STRIDE intervention. These materials have been well received and the foundational online course we developed has been among the most popular [MHTTC online courses in the HealthKnowledge platform](#).

**93.4%** Overall quality as rated by participants

Longitudinal consultation was key to addressing other implementation barriers. In many clinical settings, lifestyle groups are not sustained because there is no systematic process to identify clients who might benefit. The pilot organization did have these data available, but there was no protocol to incorporate the data into a referral workflow. No individual staff was accountable for monitoring whether referral numbers met pre-specified targets. Specific attention to key determinants of program sustainment—clinical champion, multi-disciplinary implementation team, accountability for key implementation tasks and capacity to use data to improve care—should be emphasized in longitudinal consultation activities.

“

What I found most helpful about this training was...

- The variety of ways you can use materials to reach clients
- Being able to use some of the skills in a one-on-one setting
- Having detailed explanations of each group lesson and how to lead them

Participants of the Initial STRIDE Facilitator Training

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## CONTACT

### Northwest MHTTC

[www.mhttcnetwork.org.northwest](http://www.mhttcnetwork.org.northwest) 

[northwest@mhttcnetwork.org](mailto:northwest@mhttcnetwork.org) 

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