Evaluating the implementation of the stepped care approach *Raise your strengths* in primary health care: what lessons can be learned?

Bachelor's thesis

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Abstract

Background: Chronic diseases represent a growing public health problem that especially affects primary health care. Given the already high workload of general practitioners and practice nurses, it has become increasingly important that chronically ill patients contribute to their own care. In order to support these patients, the stepped care approach *Raise your strengths* has been developed. This intervention aims to improve the self-management and well-being of chronically ill patients by adopting a strengths-based approach. In 2018, a first pilot version of *Raise your strengths* was implemented in general practices. Implementation evaluations are valuable when interpreting any results and for improving interventions. There exists, however, a major gap in the literature regarding implementation evaluations.

Objectives: The present study aimed to evaluate the implementation of *Raise your strengths* in primary health care. Based on this evaluation, the present study further aimed to provide recommendations for future implementations of *Raise your strengths* in primary health care.

Method: The present study explored the data of general practitioners, practice nurses (POHs) and chronically ill patients who in total participated in 12 evaluation questionnaires and 7 evaluation interviews during the pilot study of 2018. Their data was analysed within five categories: *'Attractiveness of the intervention', 'Delivery of the intervention', 'Uptake of the intervention', 'Other'* and *'Recommendation.'*

Results: The implementation of the pilot version (2018) of *Raise your strengths* was evaluated quite positively. *Raise your strengths* had appealed to all general practitioners, practice nurses and chronically ill patients and had been delivered quite well. However, the threshold to implementation of *Raise your strengths* and especially of its first step was high due to low perceived feasibility. To improve this, participants of the pilot study (2018) recommended giving the providers of *Raise your strengths* more preparation time, supporting them more actively in the beginning of the implementation process, and making the materials of *Raise your strengths* appear less sizeable and less complex.

Conclusion: Implementation of the pilot version (2018) of the stepped care approach *Raise your strengths* in primary health care proved to be promising, but in order to realize its full potential the recommendations provided by the present evaluation need to be taken to heart.

Table of Contents

List of Tables and Figures

Figures

Tables

Introduction

More than half of the Dutch population has one or more chronic disease(s), and this is only expected to increase (National Institute for Public Health and the Environment, 2018). Chronic diseases cause most of all deaths worldwide, have the highest global burden of disease (World Health Organization, 2002) and lead to high economic costs for society (Suhrcke, Nugent, Stuckler, & Rocco, 2006). On the individual level, moreover, chronic diseases not only affect one's physical condition; patients with a chronic disease also seem to experience more psychological complaints such as depression (Jansen, Spreeuwenberg, & Heijmans, 2012) and appear to have a lower quality of life (Baanders, Calsbeek, Spreeuwenberg, & Rijken, 2003) than the general Dutch population. In short, chronic diseases represent "a major public health concern" (Grady & Gough, 2014, p.e29).

Primary health care in particular is affected by this growing problem. Chronically ill patients make use of primary health care services more often than the general population does (Jansen et al., 2012) – in view of the growing prevalence of chronic diseases, this means the pressure put on the primary health care system is increasing. As their workload is already considered too high by most general practitioners (GPs; Boekee & Hoekstra, 2018) and forms one of the main causes of their turnover (Zantinge, 2008), this development is concerning.

In order to support general practitioners and to improve quality of care, practice nurses (in Dutch: 'POHs') have been introduced in general practices in the Netherlands since 1999 (Lamkaddem, De Bakker, Nijland, & De Haan, 2004). These practice nurses can be specialised in either somatic health care (in Dutch: 'POH-S') or mental health care (in Dutch: 'POH-GGZ'). Both often see chronically ill patients, although the extent to which fluctuates over time (Jansen et al., 2012). Introducing them in general practices, however, has not been sufficient to reduce the workload of GPs in the Netherlands (Jansen et al., 2012; Lamkaddem et al., 2004). Consequently, chronically ill patients have increasingly come to be expected to self-manage their diseases (Bodenheimer, Lorig, Holman, & Grumbach, 2002; Holman & Lorig, 2004; Jansen et al., 2012).

Self-management can be defined as "the day-to-day management of chronic conditions by individuals over the course of an illness" (Grady & Gough, 2014, p.e26), and it involves the continuous monitoring of, and adapting to, one's fluctuating health status (Miller, Lasiter, Ellis, & Buelow, 2015). To support patients with a chronic disease with this task and to reduce their health care use, multiple interventions have been developed for them. These vary widely in their goals, format, specificity (generic or disease-specific) and target group size;

for reviews, see among others Barlow, Wright, Sheasby, Turner and Hainsworth (2002). A commonality that can be found, though, is that the effects of self-management interventions are usually small to moderate and seem to fade in the long term (see e.g. Barlow et al., 2002; Cooper, Booth, Fear, & Gill, 2001; Miller et al., 2015). Considering chronic diseases last a lifetime, this is both undesired and insufficient.

Stimulating chronically ill patients' strengths use may increase the effectivity of self-management interventions. Using one's strengths, namely, has been found to lead to increases in well-being (e.g. Wood, Linley, Maltby, Kashdan, & Hurling, 2011) and is something people are intrinsically motivated to do (Linley, Nielsen, Gillett, & Biswas-Diener, 2010). Moreover, the positive emotions that using one's strengths yields have been found to act as a buffer against mental disorder (e.g. depression) and to have positive effects on one's physical health (Seligman, 2008). Yet application of the strengths-based approach in primary health care for those with a chronic disease still seems to be in its infancy. No self-management interventions for chronic diseases that make use of the strengths-based approach could be identified in the literature. Moreover, Mackenbrock (2017) found that although Dutch general practitioners and practice nurses have started to adopt the beliefs underlying the strengths perspective, they lack a thorough understanding of what it entails and the practical support (e.g. training, protocols) needed for its systematic application.

Based on the strengths perspective and the findings of Mackenbrock (2017), the stepped care approach *Raise your strengths* (in Dutch: *Sterker in je kracht*) has recently (2018) been developed. This was done by the University of Twente and psychologist's practice Vitaal Mensenwerk and in cooperation with Agis Innovatiefonds, general practitioners, practice nurses, and chronically ill patients. *Raise your strengths* aims to improve the self-management and well-being of chronically ill patients by adopting the strengths-based approach and is meant for use in the general practice. It consists of several steps. The first step is the *Introduction* (in Dutch: *Kennismaking*), which aims to inform patients about, and to identify suitable participants for, the intervention. It consists of one session. The second step is called *Right on strengths* (in Dutch: *Krachtbewust*), in which participants learn to identify their strengths and about how they could use these in achieving their self-management goals. It consists of 6 sessions of 25 minutes. The third step is called *Right on target* (in Dutch: *Doelbewust*); in this final step, participants learn several goal management strategies and how they could apply these flexibly. It consists of 5 sessions of 25 minutes and has proven to be effective as a group intervention among rheumatics (Arends, Bode, Taal, & Van de Laar, 2016, as cited in Van Veen, Peeters, Bohlmeijer, & Bode, 2018).

Because *Raise your strengths* is a stepped care approach, it is needs-based. Hence, not all patients necessarily complete all steps and its duration varies from 6 to 9 sessions. These sessions are largely provided by practice nurses and take place once every two weeks. A more detailed overview of the three steps and their sessions can be found in Appendix A, and a description of the worksheets used per step can be found in Appendix B.

Raise your strengths has been implemented in 6 general practices during a first pilot study (2018) in order to gain an insight in how general practitioners, practice nurses and patients experience the intervention in practice (see Appendix C). Implementation concerns the process of putting an intervention 'out there'; the process of providing ('using') an intervention in the 'real world.' When considered as a higher-order construct, implementation (or 'the implementation process') could be argued to comprise four related categories which each consist of several (sub)dimensions. This new categorization is proposed here, with its (sub)dimensions in particular being based on the work of Berkel and colleagues (2011); Durlak and DuPre (2008); and Peters, Adam, Alonge, Agyepong, and Tran (2013). See Figure 1 below for a schematic overview.

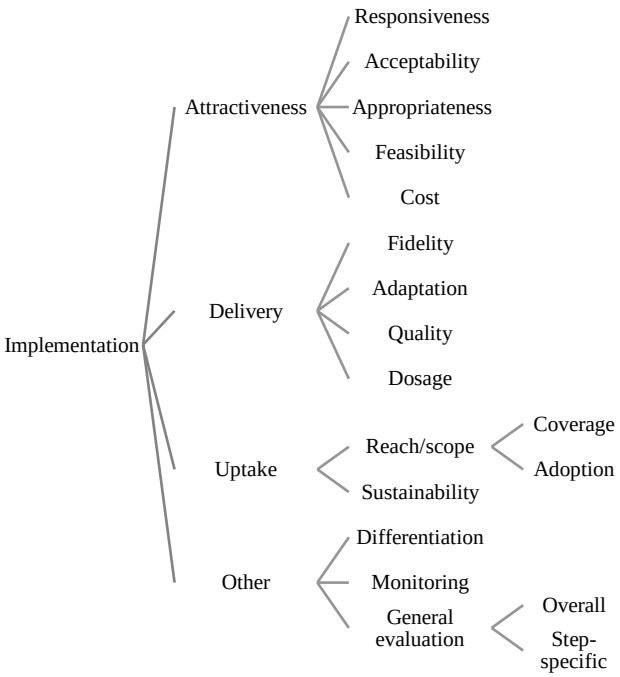

Figure 1. Proposed hierarchical overview of implementation aspects, in case of stepped care approaches such as *Raise your strengths*. The second column depicts implementation categories, the third implementation dimensions, and the fourth implementation subdimensions.

The first of the implementation categories proposed is labeled *'Attractiveness of the intervention',* and deals with the extent to which the intervention appeals to participants. Its dimensions are '*Responsiveness'* (to what extent does the intervention stimulate the interest

and enthusiasm of the participants?), '*Acceptability'* (to what extent do participants perceive the intervention as agreeable?), '*Appropriateness'* (to what extent do participants perceive the intervention as fitting or relevant within a particular setting or for a particular target group or problem?), '*Feasibility'* (to what extent can the intervention be carried out in a particular setting? Is it doable?) and '*Implementation cost'* (what are the costs of implementing the intervention?) (Berkel et al., 2011; Durlak & DuPre, 2008; Peters et al., 2013).

The second category, *'Delivery of the intervention'*, is concerned with how the intervention was in fact provided once it has been implemented. The implementation literature has focused most often on its first dimension, '*Fidelity'* (to what extent is the delivered intervention similar to its designed version?; program curriculum adherence). Related to this is the second dimension, '*Adaptation'* (to what extent have the participants made changes to the intervention's original design? Which?; particularly additions). The other two dimensions of this category deal with the '*Quality'* (how well were the program components provided?) and '*Dosage'* (how much of the original program has been provided?) of the intervention's delivery (Berkel et al., 2011; Durlak & DuPre, 2008; Peters et al., 2013).

The third category deals with how the intervention was received, namely with the *'Uptake of the intervention.'* It firstly focuses on the intervention's '*Reach/scope'*: to what extent are the actual participants (i.e. the providers and the target group) involved with, and representative for, the targeted group of participants? This dimension consists of two subdimensions, namely '*Coverage'* (to what extent does the target group actually receive the intervention?) and '*Adoption'* (to what extent do possible providers initially decide to try to employ the intervention?). Secondly, this category focuses on the '*Sustainability'* of the intervention (to what extent is the intervention maintained over time in a given setting?) (Berkel et al., 2011; Durlak & DuPre, 2008; Peters et al., 2013).

The last category is named '*Other'*, as it deals with implementation dimensions that do not seem to belong to any of the other categories. It is concerned with '*Monitoring'* (to what extent did participants receive other services during the implementation process? Which?; to be judged in retrospect) and '*Differentiation'* (to what extent is the intervention unique in its theory and practices?) (Berkel et al., 2011; Durlak & DuPre, 2008). It further deals with the '*General evaluation'* of the intervention's implementation. In case of stepped care approaches such as *Raise your strengths*, this dimension consists of two subdimensions: '*Overall'* (concerns the evaluation of the implementation of the intervention as a whole) and '*Step-specific*' (concerns the evaluation of the implementation of the intervention's steps or the transitions between these).

Evaluating the implementation of interventions is valuable. Substantive evidence that effective implementation is related to better outcomes exists (Durlak & DuPre, 2008; Mihalic, 2002), hence evaluating an intervention's implementation provides important context for interpreting any results. Implementation evaluation, moreover, allows for identification of the intervention's (most) effective components – which may or may not be similar to its theorized ones – as well as for identification of any adaptations made, thereby informing about the needs and preferences regarding acceptance and use of the intervention in a particular setting (Berkel, Mauricio, Schoenfelder, & Sandler, 2011; Durlak & DuPre, 2008). Finally, especially in case of pilot studies, evaluating an intervention's implementation enables early identification and correction of flaws in its design (Durlak & DuPre, 2008).

Despite the importance of implementation evaluation, there is a widespread lack of reporting on implementation in the literature (Berkel et al., 2011; Durlak & DuPre, 2008; Mihalic, 2002). Making a contribution to filling this gap, the present study firstly aims to evaluate the implementation of the stepped care approach *Raise your strengths* in primary health care based on data yielded by the evaluation questionnaires and -interviews that were part of the pilot study of 2018. Mixed methods are being used as these will give the most complete view of participants' evaluations by allowing for an insight in, and understanding of, the data that might not be obtained otherwise (Migiro & Magangi, 2010). This was considered useful for informing both the literature regarding implementation evaluations and further development as well as future implementations of *Raise your strengths*. The present evaluation will be guided by the four implementation categories identified above: *'Attractiveness of the intervention', 'Delivery of the intervention', 'Uptake of the intervention'* and *'Other.'* For each of these, it will be explored what aspects of the implementation of the pilot version of *Raise your strengths* the general practitioners, practice nurses, and patients (i.e. the participants) experienced as positive or negative, and why (where possible). Further, it will be explored what recommendations participants of the pilot study of 2018 provided regarding future implementations of the stepped care approach in primary health care. Based on the findings of this evaluation, the present study secondly and consequently aims to provide recommendations for future implementations of *Raise your strengths* in primary health care. In other words, this study aims to answer the following questions:

1. How did participants of the pilot study of 2018 evaluate the implementation of the stepped care approach *Raise your strengths* in primary health care?

2. What recommendations for future implementations of the stepped care approach *Raise your strengths* in primary health care can be provided based on an implementation evaluation of the pilot study of 2018?

Method

1. Design

The present study employed a mixed-methods design. It used the data yielded by the evaluation questionnaires and -interviews during the pilot study of 2018. This data was originally collected for evaluation of the feasibility and implementation of the pilot version of *Raise your strengths* (Van Veen, Peeters, Bohlmeijer, & Bode, 2018) as done in this study.

2. Participants

As part of the pilot study of 2018, 3 GPs, 5 practice nurses, and 4 patients filled in an evaluation questionnaire, and 2 GPs, 4 practice nurses (2 together), and 2 patients participated in an evaluation interview. It cannot be retrieved who participated both in an interview and a questionnaire, except for two patients who did. All patients were female and between 21 and 67 years old, but no further demographics are known. The inclusion- and exclusion criteria of the pilot study can be found in Appendix D. General practices received a monetary compensation upon participation in the pilot study of 2018. All participants signed informed consent after they had been extensively informed about the pilot study and their rights. Ethical approval for the pilot study was granted by the Medical Research Ethics Committee Twente (Dos. nr. NL65198.044.18) and ethical approval for the present study was granted by the BMS Ethics Committee of the University of Twente (Dos. nr. 190148).

3. Materials

3.1 Evaluation questionnaires.

The 4 versions of the evaluation questionnaire used during the pilot study of 2018 were evaluated in the present study: one for general practitioners (concerned part of step 1), one for practice nurses (concerned part of step 1, and step 2 and 3), and two for patients (concerned step 1 and 2; or step 1, part of step 2 and step 3). These will be described here.

3.1.1 General practitioners and practice nurses.

The evaluation questionnaire for general practitioners consisted out of 22 items and that for practice nurses out of 53 items. Both targeted the content, implementation and (expected) effectivity of *Raise your strengths*. In both versions, the questions were closed- as well as open-ended. In case of the closed-ended questions, providers had to select what their function was (GP, POH-S, POH-GGZ, other), had to indicate which step(s) of *Raise your strengths* they had provided (*Introduction, Right on strengths, Right on target*), and had to indicate on a 5-point Likert scale what they thought of, for example, the target group of *Raise your strengths* (ranging from 'not good at all' to 'very good'). An example of an open question is: "How many sessions would you, based on your experience with the approach, recommend per step (a, b, and c) of the stepped care approach *Raise your strengths* and how many minutes should these sessions last? (a = *Introduction*, b = *Right on strengths*, c = *Right on target*). Please explain your answer." The questionnaires were made available to them via a link to Qualtrics. No data on their psychometrics was available. The questionnaires were in Dutch.

3.1.2 Patients.

The evaluation questionnaire for patients that was to be filled in after *Right on strengths* consisted out of 23 items, and the version to be filled in after *Right on target* consisted out of 31 items. These targeted the content, implementation, and (expected) effectivity of *Raise your strengths;* specifically of step 1 and 2 (the former) or of step 1, part of step 2, and part 3 (the latter). In both versions, the questions were closed- as well as open-ended. The closed-ended questions asked patients to indicate on a 5-point Likert scale to what extent they agreed with, for example, the statement "I would recommend the stepped care approach *Raise your strengths* to others" (ranging from 'totally disagree' to 'totally agree'). An open question was, for example, "What recommendations do you have regarding the *Introduction* of the stepped care approach *Raise your strengths?* Here you received an information brochure, *Right on strengths* worksheet 1, the information letter and an explanation." The questionnaires were made available to them via a link to Qualtrics or were, as a paper-and-pencil version, given to them by the practice nurse when desired. No data on their psychometrics was available. The questionnaires were in Dutch.

3.2 Evaluation interviews.

The 4 versions of the evaluation interview scheme used during the pilot study of 2018 were evaluated in the present study: one for general practitioners (part of step 1), one for practice

nurses (part of step 1, and step 2 and 3) and two for patients (step 1 and 2; or step 1, part of step 2 and step 3). These will be described in the following sections.

3.2.1 General practitioners and practice nurses.

The interview schemes that were used for interviews with general practitioners or practice nurses consisted out of 3 (general practitioners) or 5 (practice nurses) parts. Both interview schemes started with the *introduction*, which was about practicalities (function in general practice, steps provided, number of patients referred/started in practice), the number and duration of sessions, the professional(s) most suitable to provide each of the steps, and the *Introduction* (materials used, screening and recruitment of patients). An exemplary question for this part is "What did you think of the information letter (in the context of the *Introduction*)?" The interview schemes for interviews with practice nurses then continued with two parts that were not included in the interview schemes for interviews with general practitioners: *worksheets Right on strengths* and *worksheets Right on target.* These parts included questions about the worksheets used per step and both steps in general, such as "What did you think of the third worksheet, *Strengths in daily life*?" and "Do you have any recommendations regarding *Right on target*?" Then, both interview schemes covered the *implementation of the stepped care approach*. This part was about the manual, worksheets (practice nurses only), information brochure, intervision, collaboration with the research team, target group, inclusion- and exclusion criteria, and any strengths and recommendations about the provision of *Raise your strengths* within their general practice. One of the questions in this part was: "How did you experience the explanation about the approach (intervision) by [one of the researchers]?" Finally, a part called *statements* focused on the effectivity of the approach (self-management and well-being), the chosen setting (general practice), whether the approach was recommendable (to whom?) and any remarks remaining. An example is "In the evaluation questionnaire, you were asked whether you think *Raise your strengths* increases the well-being of people with chronic somatic diseases. What do you think?"

Patients.

The interview schemes that were used for interviews with patients that had either completed the *Introduction* and *Right on strengths* or the *Introduction*, part of *Right on strengths*, and *Right on target* were largely similar and consisted out of 3 parts. The first, *introduction Raise your strengths*, included questions about how patients had gotten in touch with the approach, what they thought of the materials used during the *Introduction* and what they thought of the

explanation they had been given by the general practitioner or practice nurse. One question was, for instance, "What did you think of the information brochure that was used during the *Introduction* of *Raise your strengths*?" The second part was called *worksheets Raise your strengths*, and it covered each of the worksheets the patient had used, the number and duration of sessions, guidance in the general practice, a general evaluation of the intervention and if applicable, the transition from step 2 to step 3. An exemplary question for this part is: "What did you think of worksheet 6, *Action plan*?" Finally, the third part, named *statements*, concerned the effectivity of the approach (self-management and well-being), the chosen setting (general practice), whether the approach was recommendable to others (who?) and any remarks remaining. One of the questions here was "For whom is the approach particularly appropriate according to you?"

3.3 Probes and follow-up questions.

All questions in the interview schemes (all versions) for the evaluation interviews were in Dutch, were open-ended and could be followed up by questions such as "What was good?", "What could be improved?", and "Do you have a recommendation?" in order to gain more depth in the answers. Probes that could be used to encourage participants were mostly "hm-hm", "yes", and "okay." As the interviews were semi-structured, there was freedom to elaborate on the interviewees' answers.

4. Data Analysis

4.1 Categorizing the questions.

In order to structure the present implementation evaluation according to the different implementation categories and (sub)dimensions, the questions asked in the evaluation questionnaires and during the evaluation interviews were retrospectively assigned to their best-fitting implementation (sub)dimension. This was done based on a comparison of the aspects targeted by the questions with those described in the literature. A complete overview of the specific questions asked per (sub)dimension can be found in Appendix E.

4.2 Evaluation questionnaires.

Data of the closed-ended questions in the evaluation questionnaires (N=12 questionnaires) that were relevant for the implementation evaluation was entered into and analysed with IBM SPSS Statistics (version 24.0.0). Questions were grouped based on which aspects of *Raise your strengths* they targeted, since the different versions of the evaluation questionnaire

shared a number of these (e.g. all targeted the information brochure). Next, in order to evaluate the worksheets in general (*'Feasibility'*) a variable 'worksheets total' was created. This variable was computed by taking the means of all scores of the separate worksheets. Then, descriptive statistics were run. The mean, standard deviation, minimum and maximum for each of the targeted aspects were analysed. Finally, the answers to the open-ended questions in the evaluation questionnaires were treated like the interview data (see 4.3 below).

4.3 Evaluation interviews.

Audio recordings of the evaluation interviews (N=7) that were conducted as part of the pilot study of 2018, with an approximate mean duration of 37 minutes (ranging from 20 minutes to 1 hour and 20 minutes), were first transcribed verbatim and anonymized by the present researcher. Then, two coding schemes were developed both inductively and deductively and in cooperation with the supervision team. These can be found in Appendix F.

The first coding scheme was based on the overview of the implementation categories and (sub)dimensions introduced earlier: its categories were *'attractiveness'*, *'delivery'*, *'uptake'*, and *'other'*, and its (sub)codes were named after the (sub)dimensions. Exceptions were *'Dosage'* (category *'Delivery'*), *'Reach/scope'* (category *'Uptake'*), *'Sustainability'* (category *'Uptake'*), *'Differentiation'* (category *'Other'*), and *'Monitoring'* (category *'Other'*), for which no codes were created since these dimensions did not relate to the research questions (did not regard participants' evaluations). Next, each category was supplemented with a code *'other'* and with a subcode for each aspect of *Raise your strengths* targeted within that category (Appendix E). Within the category *'attractiveness'*, a subcode *'time before start'* was added to the code *'feasibility'* and this same code's subcode *'duration and number of sessions'* was changed into *'duration and number of and time between sessions.'* Namely, although related to feasibility, the time between introducing *Raise your strengths* to providers and having them provide it to patients nor the time between sessions had been covered by the other subcodes. Further, a subcode *'intervention'* was added to the code '*responsiveness'*. This subcode was applied when participants mentioned, for instance, liking *Raise your strengths* as a whole. Within the category *'delivery'*, a code *'format'* was added. This code concerned how participants evaluated the format in which *Raise your strengths* had been delivered (e.g. face-to-face, digitally); an aspect not covered by the others codes despite being relevant to this category. Within the category *'uptake'*, a code *'facilitators/barriers'* was added. This code regarded factors that were uniquely mentioned as having influenced

providers' decisions whether or not to adopt *Raise your strengths*. Finally, within the category *'other'*, the subcode *'step-specific'* was changed into a code with subcodes *'step 1/2/3.'*

The second coding scheme consisted out of one category: *'recommendation.*' It entailed the recommendations participants had provided regarding the implementation of *Raise your strengths*, and consisted of the codes *'start', 'evaluation and feedback', 'manual and worksheets', 'format'* and *'other.'* These were created inductively.

All interview data as well as the data of the open questions in the evaluation questionnaires was coded with these coding schemes. This was done in ATLAS.ti (version 8.4.15), based on the method of constant comparison (Dye, Schatz, Rosenberg, & Coleman, 2000) and was continued until saturation seemed to be reached.

Results

1. How Did Participants of the Pilot Study of 2018 Evaluate the Implementation of the Stepped Care Approach *Raise Your Strengths* in Primary Health Care?

This section concerns what aspects of the implementation of the pilot version (2018) of *Raise your strengths* the general practitioners, practice nurses and patients (i.e. the participants) experienced as positive and negative, and why (where possible).

1.1 Attractiveness of the intervention.

This first category concerns the extent to which *Raise your strengths* appealed to participants. Exemplary quotes per (sub)code for this category can be found in Table G1 (Appendix G).

1.1.1 Responsiveness.

This first code of the first category concerns to what extent the interest and enthusiasm of the participants was stimulated by several aspects of *Raise your strengths*.

The information brochure, information letter and worksheet 1 of *Right on strengths*, firstly, were evaluated positively by all participants. They considered the information brochure to be clear, complete, and as not being too long, and they rated it with a mean score of 3.75 (3 = 'neutral', 4 = 'good'). The information letter was considered by all participants as clear and sufficient. However, it was regarded to be (too) extensive by 2 practice nurses during the interviews and by 1 on the questionnaires. Finally, 3 interviewees mentioned

worksheet *KW-1 Discover your strengths* to be clear. On the questionnaires, 1 practice nurse indicated the same as the interviewees did and the worksheet was solely rated as 'good.'

Secondly, *Raise your strengths* itself had appealed to all participants. This was mainly because they thought it to be helpful – either for themselves (2 patients) or for their patients, which in turn made providing the intervention enjoyable (3 practice nurses). Moreover, according to 1 general practitioner and 2 practice nurses, patients were enthusiastic and interested when *Raise your strengths* was introduced to them. This enthusiasm, however, seemed to diminish later on (3 practice nurses). This may have been related to the homework that was part of *Raise your strengths* (2 practice nurses) or to the approach being experienced as confronting by patients (2 patients, 1 practice nurse).

Thirdly, all participants would recommend *Raise your strengths* to others, although not to everyone (1 GP, 2 patients), or only if its implementation were to be improved (1 GP). The practice nurses seemed positive about recommending *Raise your strengths* to others. On the evaluation questionnaire, a mean score of 3.75 (3 = 'neutral', 4 = 'agree') was obtained on the statement that they would recommend *Raise your strengths* to others.

1.1.2 Acceptability.

This second code of the first category concerns to what extent participants perceived *Raise your strengths* as agreeable. This regarded the (importance of the) theory behind it, such as the strengths-based approach and the concept of positive health (Huber et al., 2011).

All participants were very positive about the approach on this abstract level. They frequently indicated particularly liking the theory behind *Raise your strengths* and considering it important. Moreover, 1 GP and 3 practice nurses stated the approach could be very effective and 3 participants mentioned it to be a strength of the intervention.

1.1.3 Appropriateness.

This third code of the first category concerns to what extent participants perceived *Raise your strengths* as fitting or relevant within the general practice and for the target group.

The general practice was considered to be an appropriate setting for implementation of *Raise your strengths* in theory, however all providers doubted its appropriateness in practice. This doubt was caused by their full schedules, which left them with little time for providing *Raise your strengths*. On the evaluation questionnaires an average score of 3.67 (3 = 'neutral', 4 = 'agree') was obtained on the statement '*Raise your strengths* fits in the general practice.'

Despite their full schedules, the providers chosen for each of the steps were considered suitable by all participants: the GP for step 1, and the practice nurse specialized in mental health care (POH-GGZ) for steps 2 and 3. The GP, namely, was said to have a natural authority that could help convince patients to participate in *Raise your strengths* (1 GP, 2 practice nurses), and the POH-GGZ was seen as possessing the needed capacities (knowledge, skills, therapeutic experience) for providing the sessions (2 GPs, 3 practice nurses).

The current target group, adults with chronic somatic complaints, was seen as suitable as well. This was for three reasons. Firstly, because *Raise your strengths* complements -current- complaint-focused chronic somatic health care (2 practice nurses). Secondly, because *Raise your strengths* provides these patients with the needed support in dealing with their psychological complaints, such as feelings of helplessness and a disrupted self-image (1 patient, all practice nurses). And thirdly, because patients within this target group were seen as wanting to improve their daily functioning (1 GP) and patient motivation facilitates the implementation of *Raise your strengths* (1 GP, 3 practice nurses). The current target group was rated with an average score of 3.88 (3 = 'neutral', 4 = 'good'). Participants additionally considered the target group extendable to people with such psychological complaints as those of a burn out, anxiety, and depression as long as these were a) chronic (1 patient, 1 practice nurse) and b) not too severe (e.g. no DSM-diagnosis; 1 patient, 1 GP, 2 practice nurses).

Relatedly, the inclusion- and exclusion criteria were evaluated positively. Participants described these as clear, applicable, realistic and logical. It was indicated that the exclusion criterion regarding anxiety and depressive complaints could be higher, though.1 GP and 1 practice nurse considered *Raise your strengths* as additionally useful for individuals with more severe anxiety and depressive complaints than were now included.

1.1.4 Feasibility.

This fourth code of the first category concerns to what extent *Raise your strengths* could be carried out in the general practices. Was it doable?

Several aspects were considered within this code. Firstly, the current number of sessions for each step (with the possibility of adding an extra session when needed) was evaluated positively by all participants. The duration of the sessions, further, was considered a minimum: the current 25-30 minutes per session of step 2 and 3 were seen as appropriate for providing *Raise your strengths* itself (3 participants), but also as needed. This implied there was no time left to discuss anything else during the sessions and therefore two participants preferred sessions of 45 minutes instead. A mean score of 3.71 (3 = 'neutral', 4 = 'good')

regarding the number of sessions of *Right on strengths* and a mean score of 4 (‘good’) was obtained regarding the number of sessions of *Right on target*. Next, the time between the sessions of *Raise your strengths* was regarded as sufficient by two practice nurses.

The time general practitioners and practice nurses were given to prepare themselves for providing *Raise your strengths* was experienced as problematically short. Practice nurses indicated needing more time to read and grasp all materials and having to plan the sessions 1-3 months ahead. They had not been able to do this now.

The manual and worksheets were evaluated positively. This was mainly because the research protocol was clear and helpful (interviews: 1 GP, 1 practice nurse; questionnaires: 1 GP) and participants seemed content about the worksheets. However, the manual and its appendices (including the worksheets) were delivered in a box file that was often described as sizeable. This was experienced as a barrier to start with the intervention (1 GP, 3 practice nurses) and as making it less feasible to work with the materials (1 GP, 1 practice nurse). Participants further described this file as difficult to understand for both provider and patient due to the amount of references that were used within the research protocol (3 practice nurses). The manual, overall, was rated with a mean score of 3.75 (3 = ‘neutral’, 4 = ‘good’) and the worksheets with a 4 (‘good’) only.

1.1.5 Cost.

This fifth code of the first category concerns the costs of implementing *Raise your strengths*. Firstly, implementing *Raise your strengths* costs time (all participants) and, secondly, energy. The latter was mentioned in the sense of it having been demanding to implement the intervention (1 GP, 1 practice nurse). Thirdly and finally, implementing *Raise your strengths* may come at the expense of what one would normally do (1 patient, 3 practice nurses).

1.1.6 Other.

This sixth code concerns everything most relevant for, but not covered by the other dimensions of, the first category. Next to the abovementioned, *Raise your strengths* had appealed to participants because it was structured (interviews: 1 patient, 1 practice nurse; questionnaires: 1 practice nurse) and provided an actual methodology to implement – which was considered by one practice nurse to be particularly useful in the general practice.

1.2 Delivery of the intervention.

This second category concerns how *Raise your strengths* was in fact provided. Exemplary quotes per (sub)code for this category can be found in Table G2 (Appendix G).

1.2.1 Fidelity and adaptation.

This first code of the second category concerns to what extent *Raise your strengths* was provided as intended. It seemed the manual was adhered to quite closely. Only 1 GP indicated having passed the materials of the *Introduction* to the practice nurse to provide to patients (fidelity and adaptation) and having put part of the information brochure on the webcast in the waiting room for patients to see (adaptation), and 1 practice nurse stated having provided sessions with a standard duration of 45 rather than 25 minutes (adaptation).

1.2.2 Quality.

This second code of the second category concerns how well the components of *Raise your strengths* were provided (quality, skill). Firstly, the intervision during which one of the researchers explained *Raise your strengths* to its providers (per general practice) was evaluated positively by all general practitioners and practice nurses. They had been given sufficient information to be able to start (2 GPs) and the researcher had appeared accessible to them (2 practice nurses). On average, the intervision was given a score of 4 (‘good’). Secondly, the collaboration with the researchers was evaluated as sufficient by all providers. Nevertheless, they would have liked the researchers to provide more support in the beginning of the implementation process (1 GP, 2 practice nurses). A mean score of 3.5 (3 = ‘neutral’, 4 = ‘good’) was obtained regarding the collaboration with the researchers. Thirdly, the first session of the *Introduction*, during which *Raise your strengths* was explained to patients, was evaluated positively as well. All providers of this explanation (2 GPs, 2 practice nurses) stated it had gone well, and all receivers (2 patients) stated it had been good and clear. The explanation / first conversation was scored with a 3.75 (3 = ‘neutral’, 4 = ‘good’) on average. Finally, the guidance that patients had received in the general practice, finally, was evaluated as good (2 patients). It was rated with a mean score of 3.75 (3 = ‘neutral’, 4 = ‘good’).

1.2.3 Format.

This third code of the second category concerns the format in which *Raise your strengths* was delivered. Participants appreciated it that the approach was explained in a face-to-face conversation (1 GP) – especially the combination with the information brochure was valued

since patients could be provided with something on which they could reread the information given to them during the conversation at home (1 GP, 1 patient).

Further, *Raise your strengths* made use of homework assignments. Participants evaluated this positively: they thought the homework was in potential very effective (2 practice nurses) and did not consider the homework to be too much (1 patient). Moreover, the use of homework itself was evaluated positively (1 patient).

1.2.4 Other.

This fourth code of the second category concerns factors that did not fit the (sub)codes above but nonetheless related to how *Raise your strengths* was delivered. It appeared that the delivery among, and not only to, providers was important: 2 practice nurses indicated that *Raise your strengths*, within their general practice, had been delivered to them in a way they clearly disliked. They had experienced this as a barrier to providing the intervention.

1.3 Uptake of the intervention.

This third category concerns how *Raise your strengths* was received. Exemplary quotes per (sub)code for this category can be found in Table G3 (Appendix G). Providers mentioned several factors as having been of influence on their decisions whether or not to adopt *Raise your strengths*, which were not covered by the dimensions above. First, it appeared to be easier to adopt *Raise your strengths* when the concept of positive health (Huber et al., 2011) was already worked with or a strengths focus was already taken within a general practice because of a better fit between intervention and practice (1 GP, 1 practice nurse). Secondly, it had been (1 GP) or would have been (1 practice nurse) easier to adopt *Raise your strengths* if there was or were a(n) (enthusiastic), permanent practice nurse present to provide the approach, mainly for practical reasons. Thirdly, it had been a (crucial) barrier to uptake of *Raise your strengths* that the approach appeared sizeable (interviews: 1 GP, 3 practice nurses; questionnaires: 1 GP) and complex (1 GP, 2 practice nurses). This not only scared providers off, but also required them to invest (too much) time in getting started, which heightened the threshold for uptake. Fourthly, 3 practice nurses mentioned the timing of the pilot study of 2018 as a barrier to uptake of *Raise your strengths*. The pilot study was conducted during the summer of 2018. This period was described as extra chaotic and busy due to the holidays, which had made it more difficult for providers to start with something ‘extra’ like *Raise your strengths*. Lastly, one’s private circumstances (2 practice nurses) and already having adopted

another project or a similar approach (1 GP, 1 practice nurse) were mentioned as barriers to uptake of *Raise your strengths.*

1.4 Other.

This fourth category concerns anything related to the implementation of *Raise your strengths* that did not seem to belong to the other categories. Exemplary quotes per (sub)code for this category can be found in Table G4 (Appendix G).

1.4.1 General evaluation: overall.

This first code of the fourth category concerned how participants evaluated the implementation of *Raise your strengths* as a whole. Participants did not state directly how they felt about this matter, hence this code was not used.

1.4.2 Step-specific.

This second code of the fourth category concerned how participants evaluated the implementation of each of the steps of *Raise your strengths* separately.

The implementation of the *Introduction* was evaluated by participants as sufficient, but not as good. Although 1 GP and 1 practice nurse stated implementing this step had gone well, others found it confusing for both patients (1 practice nurse) and providers (1 GP, 1 practice nurse) that this step involved many different things to do. Moreover, it had been easily forgettable for general practitioners to recruit patients (1 GP, 1 practice nurse).

The implementation of *Right on strengths* was evaluated as having a good and logical structure (interviews: 1 practice nurse, 1 patient; questionnaires: 1 practice nurse) and actually implementing it had gone well (1 practice nurse).

The implementation of *Right on target*, finally, was evaluated quite positively as well. The only practice nurse who had implemented this step stated doing so had gone well, but that it had been more difficult than providing *Right on strengths* because patients needed more support during this third step. Finally, the criteria to refer patients from step 2 to step 3 were evaluated solely as ‘good’ on the evaluation questionnaire (3 raters) and during the interview.

1.5 Summary.

All in all, participants of the pilot study of 2018 evaluated the implementation of the stepped care approach *Raise your strengths* in primary health care quite positively. The general practitioners, practice nurses and chronically ill patients were interested in and enthusiastic

about the intervention and its underlying theory in particular, and they considered it to be relevant and fitting within the general practice and for adults with chronic somatic complaints. Moreover, it seemed *Raise your strengths* had been provided sufficiently well by the research team (to providers) and quite well by providers (to patients). However, the threshold for implementation of *Raise your strengths* had been high: within the time providers were given, it was hardly considered doable to implement the approach due to its (perceived) size and complexity in combination with providers' full schedules.

2. What Recommendations for Future Implementations of the Stepped Care Approach *Raise Your Strengths* in Primary Health Care Can Be Provided Based On an Implementation Evaluation of the Pilot Study of 2018?

This section concerns the main recommendations the general practitioners, practice nurses, and patients (i.e. the participants) of the pilot study of 2018 provided regarding future implementations of the stepped care approach *Raise your strengths* in primary health care. Exemplary quotes per code for this category can be found in Table G5 (Appendix G).

2.1 Start.

One of the main barriers to the implementation of *Raise your strengths* during the pilot study (2018) had been lack of time. 3 of the 4 interviewed practice nurses stated needing 1-3 months if they were to prepare themselves at work (rather than at home) and added that their schedules hardly allowed them to plan sessions once every other week on a shorter term. Consequently, they recommended (to): start the implementation process of Raise your strengths 3 months before providers should offer the intervention to patients.

The second main recommendation provided within this code was: start the implementation process of *Raise your strengths* with multiple providers together. Starting as a team was seen as helpful and motivating, because it would foster a sense of 'doing it together' (1 practice nurse) and it would stimulate providers to support each other (3 practice nurses).

2.2 Evaluation and feedback.

Although there had been some intercommunication during the pilot study (2018), providers appeared to have implemented *Raise your strengths* almost independently of each other. 1 GP and 2 practice nurses stated it would be good to discuss their experiences with each other more often than they had done now, because this would be informative and motivating. They

recommended (to): encourage/plan intermediate evaluations amongst the providers per general practice during the implementation process of *Raise your strengths*.

Next to supporting each other more, the providers would have liked the researchers to more actively reach out to them during the implementation process of *Raise your strengths* (interviews: 1 GP and 3 practice nurses; questionnaires: 1 practice nurse). Although it had been clear to the general practitioners and practice nurses that they could have contacted the research team anytime, they recommended the researchers (to): check up on providers (1) shortly before *Raise your strengths* is to be provided to patients (are they ready?; 2 practice nurses) and (2) after about two weeks of providing *Raise your strengths* to patients (how is it going?; 1 GP, 2 practice nurses). These recommendations also cover the request of one of the general practitioners to provide regular reminders for recruiting patients.

2.3 Manual and worksheets.

Another main barrier to the implementation of *Raise your strengths* during the pilot study (2018) had been the (perceived) size and complexity of the manual with its appendices. To improve this, firstly, the manual would have to appear less sizeable. In this regards, 1 GP recommended (to): add visual elements to the manual, so that it does not consist out of text only. Moreover, a practice nurse recommended (to): deliver the manual and its appendices in multiple binders rather than in one box file – the manual and worksheets in one, and the documents not directly needed for use in another.

Secondly, the manual would have to be less complex. Because *Raise your strengths* entailed many different materials and tasks, 2 practice nurses had found it difficult to maintain the oversight. They recommended (to): add a concise, clear roadmap of what actions to undertake when to the manual of *Raise your strengths*. Another practice nurse indicated the same for patients regarding the *Introduction*, and requested a similar overview to provide to them. Further, the many references that were used in the manual had made it complex (2 practice nurses). In order to make it less of a search as to what documents were needed when, another practice nurse recommended (to): sort the documents in a chronological order.

Thirdly, using the worksheets could have been more feasible. One practice nurse recommended (to): make sure the worksheets are detachable from the worksheet folders for patients. This had not been the case during the pilot study.

2.4 Format.

Despite evaluating the format in which *Raise your strengths* had been delivered positively, participants provided additional recommendations in this regards. Firstly, 2 practice nurses recommended (to): provide exemplary materials of how *Raise your strengths* ought to be provided. They added such materials could take the form of a roleplay or a case to practice with, could be delivered either face-to-face or digitally (e.g. as a video) and could be executed either by providers themselves or by the research team (for providers to observe).

Last but not least, it was recommended (to): provide study materials for the providers of *Raise your strengths.* 2 practice nurses considered an e-learning in which the approach was explained to them during the interviews, and 1 practice nurse suggested providing refresher courses on the questionnaires.

Discussion

The present study evaluated the implementation of the stepped care approach *Raise your strengths* in primary health care during a first pilot study (2018). It did so by exploring the experiences of general practitioners, practice nurses and chronically ill patients for each category of a newly proposed implementation categorization. Based on the findings of this evaluation, the present study provided recommendations for future implementations of *Raise your strengths* in primary health care.

When considering the attractiveness of interventions, two aspects are especially important for their implementations. The first is whether its providers and target group like it; whether they are motivated to provide and to participate in the intervention. Factors such as an intervention's acceptability are considered crucial for achieving the desired outcomes in the Quality Implementation Framework proposed by Meyer, Durlak, and Wandersman (2012), and proved essential regarding the implementation of Chronic Care Models (interventions) in the literature review of Davy and colleagues (2015). This is in line with findings from the present study: general practitioners, practice nurses and chronically ill patients seemed having been willing to implement the pilot version (2018) of *Raise your strengths* predominantly because they were positive about the approach itself.

The second aspect that appeared especially important for the implementations of interventions concerning their attractiveness is whether its providers and target group consider the implementation process to be feasible, doable. Mainly regarding the knowledge, skills, time and money that is available vs. required for implementation, this aspect strongly relates

to the appropriateness of the providers and setting chosen for implementation. Durlak and DuPre (2008) earlier demonstrated an intervention's adaptability (to what extent it can be modified to fit local needs) and compatibility (to what extent it already fits local needs) to be consistently and positively related to effective implementation, and such considerations are reflected in the Quality Implementation Framework (Meyers et al., 2012) as well. The present study added to this: providers' main doubts about to what extent it is realistic to implement *Raise your strengths* in primary health care regarded the feasibility of its implementation. In this regards, providers indicated their schedules had hardly allowed them to implement *Raise your strengths* during the pilot study (2018). This reflects the high workload in general practices identified earlier (Boekee & Hoekstra, 2018; Jansen et al., 2012; Lamkaddem et al., 2004) and underlines the importance of self-managing chronic diseases. As this is precisely what *Raise your strengths* aims to improve, it might be expected that the approach will reduce the workload of GPs and practice nurses in the long term. Hence, its implementation could best be facilitated. In this respect, providers recommended starting this process 3 months before they should provide the intervention to patients. Providers further indicated the (perceived) size and complexity of the manual with its appendices had made the implementation of *Raise your strengths* less feasible. Therefore, they recommended reorganizing these materials: the manual (excluding the protocol and worksheets) in a ring binder with added visual elements (e.g. a roadmap), and the protocol and worksheets in a separate ring binder and ordered chronologically (i.e. combined per session).

When considering the delivery of interventions, it is especially important for their implementations whether their providers receive sufficient support. This involves both support from the research team and support from fellow providers (of the same intervention). Concerning the former, it is well-known to be helpful to prepare providers for the implementation of an intervention (usually by means of training) and to support them in the beginning of this process in order to tackle their initial difficulties (i.e. to provide technical support). Training and technical support, namely, are the two best supported features of the Prevention Support System that was identified by Wandersman and colleagues (2008) as part of their Interactive Systems Framework (ISF) for dissemination and implementation (Durlak & DuPre, 2008; Meyers et al., 2012). When applied to the implementation of *Raise your strengths*, it can be seen that its providers received training in the form of an intervision during the pilot study of 2018. This intervision was evaluated positively, but it had not been enough. General practitioners and especially practice nurses recommended the researchers to provide additional, practical support (e.g. exemplary materials) and indicated having received

too little technical support during the pilot study (2018). Subsequently, they further recommended the researchers to reach out to them shortly before *Raise your strengths* is to be provided to patients (are they ready?) as well as about two weeks later (how is it going?).

A lot less is known regarding provider peer support, or support from fellow providers, during the implementation process of an intervention. While a supportive social climate has been considered facilitative for implementation (Klein & Knight, 2005; Meyers et al., 2012; Smylie & Evans, 2006) and peer support has unique benefits (Repper et al., 2013), no literature could be found on whether provider peer support facilitates the implementation of an intervention (in the experiences of providers themselves). The present study, though, supported this possibility: most general practitioners and practice nurses indicated it would have been helpful for them to implement *Raise your strengths* more team-based than they had during the pilot study of 2018. Consequently, providers recommended starting the implementation of *Raise your strengths* together with others and to plan intermediate evaluations amongst the providers per general practice during this process in order to foster this desired sense of 'doing it together'.

When considering the uptake of interventions, it becomes clear that the three abovementioned factors (liking an intervention, considering its implementation doable, and receiving sufficient support) can facilitate as well as hinder their implementations. Consequently, the implementation categorization that was proposed in the present study (Figure 1, p.7) needs to be revised – which of its (sub)dimensions are part of implementation and which are facilitators for or barriers to this process?

Finally, a new asset of conducting implementation evaluations was identified in the present study: it informs about the implementation difficulty of an intervention per aspect and thereby directs efforts to improve its implementation process. In case of *Raise your strengths*, it appeared the *Introduction* had been most difficult to implement, so this step should receive most attention when preparing future implementations of the approach. This adds up to the benefits of an implementation evaluation identified earlier (p.9).

1. Strengths of the Present Study.

The present study has a number of strengths. Firstly, it evaluated the implementation of the pilot version (2018) of *Raise your strengths*. This might seem obvious, yet by having done so, the present study contributes to early improvement of the implementation process of *Raise your strengths* and to filling the gap in the implementation literature concerning evaluation (Berkel et al., 2011; Durlak & DuPre, 2008; Mihalic, 2002). A second strength of the present

study is its proposed implementation categorization (Figure 1, p.7). Although in need of revision when regarded as such (i.e. as an implementation categorization), it may still be a valid framework to guide future implementation evaluations with; evaluating facilitators for and barriers to the implementation of an intervention remains useful. Thirdly, during the present research it appeared that a dimension should be added to the categorization regardless its use: *'Format'* (Category *'Delivery'*). This dimension concerns the format in which an intervention is delivered, such as face-to-face or digitally, and appeared to influence how the implementation of an intervention is being experienced. With this new dimension included, the proposed categorization seems to cover many aspects relevant to the proper implementation (evaluation) of any intervention. Therewith, this study provided another important contribution to the implementation literature.

2. Limitations of the Present Study and Recommendations for Future Implementation Evaluations of *Raise Your Strengths.*

Next to its strong points, the present study has a number of limitations. Firstly, several questions that did not explicitly target the implementation of *Raise your strengths* were included in the present implementation evaluation. This was most problematic in case of the closed-ended items on the evaluation questionnaires. For these questions, namely, it was impossible to retrieve whether participants answered these in view of the implementation of *Raise your strengths* (as intended) or whether they answered these, for instance, in general. It is suggested, therefore, to either ask participants to consider the implementation of *Raise your strengths* while answering or to reformulate the questions and explicitly ask what is aimed at.

Secondly, the present implementation evaluation was not complete. Since the different questions asked during the pilot study of 2018 were allocated to their best-fitting implementation (sub)dimension retrospectively, no data was available regarding some dimensions (*'General evaluation overall'*, '*Monitoring'*), and only limited data was available regarding others (*'Fidelity', 'Adaptation', 'Acceptability', 'Differentiation', 'Cost', 'Format'*) or regarding specific aspects (e.g. homework, barriers, facilitators). Moreover, several dimensions (*'Dosage', 'Reach/scope', 'Sustainability', 'Differentiation'*, and *'Monitoring'*) were purposively left out of the present implementation evaluation. Asking participants about these topics should be considered for future implementation evaluations of *Raise your strengths*. In order not to ask too much from them, it can be recommended to prioritize asking about fidelity and adaptation. Fidelity, namely, is positively and consistently related to better outcomes (Durlak & DuPre, 2008; Mihalic, 2002) and adaptation is informative about local

needs and preferences (Berkel et al., 2011), which is valuable given the importance of contextual fit (see the discussion on feasibility above). As fidelity and adaptation were not targeted by the evaluation questionnaires nor -interviews during the pilot of 2018, important information was missed now

Thirdly, the coding in the present study was carried out by one coder only. As a consequence, the present implementation evaluation may have been influenced by researcher-dependent factors. Note, however, that the coding schemes have been developed in cooperation with the supervision team in order to reach as much intercoder agreement as was possible in the context of this bachelor's thesis. Future implementation evaluations of *Raise your strengths*, though, should aim for reaching a higher intercoder reliability.

Fourthly, it could not be retrieved which general practitioners and practice nurses participated both in an evaluation interview and an evaluation questionnaire. Hence, the numbers given in the *Method* and *Results* section of the present study might be incorrect.

Relatedly and fifthly, the present study considered those who filled in the evaluation questionnaires and/or participated in the evaluation interviews as having been *all* participants of the pilot study of 2018. However, this was not the case and it is unknown to what extent those who participated in the evaluation questionnaires and/or evaluation interviews (nor their experiences) are representative for (the experiences of) those who did not. Therefore, "participants of the pilot study of 2018" should be read as "participants in the evaluation questionnaires and/or evaluation interviews of the pilot study of 2018" in the present report.

3. Recommendations for Future Research.

The present study identified several possibilities for future research. Regarding *Raise your strengths* specifically, the recommendations of the present research should be incorporated and tested during a future implementation evaluation: do these really enhance the implementation of *Raise your strengths*? Further, an effectivity analysis should be carried out: to what extent does the approach improve the self-management and well-being of chronically ill patients? It seems especially important to investigate this over time: is *Raise your strengths* (one of) the first self-management intervention(s) to be effective in the long term? If so, will the approach eventually reduce the workload of general practitioners and practice nurses, as is expected? (Recall the lack of effectivity in the long-term of current self-management interventions and providers' full schedules).

General recommendations for future research can be provided as well. For example, the proposed categorization needs to be tested: is it a valid implementation categorization, or

more valid as a framework for implementation evaluations? In both cases, is it complete? Should a certain (sub)dimension be added or removed? Is the hierarchy correct? Which of its (sub)dimensions are most important for successful implementation? Answers to these questions could be found in an extensive comparison with the literature or while reflecting on its use in future implementation evaluations. Further, facilitators and barriers for implementation should be explored – especially regarding providers. What makes it easier or more difficult for them to implement an intervention? For example, to what extent does provider peer support facilitate the successful implementation of interventions from the perspective of providers?

Conclusion

All in all, the implementation of the stepped care approach *Raise your strengths* appeared to have been implemented in primary health care quite well during the pilot study of 2018. General practitioners, practice nurses and chronically ill patients were positive regarding most (sub)dimensions of the newly proposed implementation (evaluation) categorization. The main points for improvement of *Raise your strengths'* implementation process lie in its feasibility: providers should be given more time for implementation and should receive more support both from their peers and the researchers especially in the beginning of this process, and its materials should be given a less sizeable and less complex appearance. With these recommendations taken to heart, *Raise your strengths* holds great potential in helping chronically ill patients to live the good and meaningful life in which they contribute to their own care they deserve.

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Appendix A: Schematic Overview *Raise Your Strengths*

Table A1

Schematic Overview of Step 1: Introduction

STEP 1: *INTRODUCTION*	**Description**	**Who**	**When (duration)**
First screening	Make an estimation whether someone is part of the target group[a]. If so, introduce the stepped care approach and pilot study. Provide *DI-1 Information brochure* and *KW-1 Discover your strengths.*	General practitioner (GP) / Practice nurse (in Dutch: POH-GGZ or POH-S)	During office hours
Second screening	Inform about the stepped care approach and pilot study, discuss and provide *DI-2 Information letter Raise your strengths.* Screen on in- and exclusion criteria[b]. Fill in informed consent. Provide *EV-1.1 Information letter pre-test Right on Strengths.*	Practice nurse[c]	Separate appointment
At home	Fill in *EV-1.2 Questionnaire pre-test Right on Strengths.*	Participant	At choice (appr. 20 min)
Third screening	Evaluate pre-test, inform practice nurse whether participant is allowed to participate.	Researchers	At choice
	Approach participant and plan session 1 *Right on Strengths* or discuss other possibilities for support. Assign homework.	Practice nurse	At choice
At home	Fill in *KW-1 Discover your strengths.*	Participant	At choice

[a] A description of the target group of *Raise your strengths* can be found in Appendix D [b] In- en exclusion criteria can be found in Appendix D [c] In the pilot the practice nurses involved were most often specialised in mental health care (in Dutch: POH-GGZ). However, these tasks may also be executed by the practice nurse specialised in somatic health care (in Dutch: POH-S) or the general practitioner (GP).

Table A2
Schematic Overview of Step 2: Right on Strengths

STEP 2: *RIGHT ON STRENGTHS*	**Description**	**Who**	**Duration (frequency[a])**
Session 1: Introduction	Evaluate pre-test, contextualise chronic somatic complaints and consequences. Map resources/strengths. Introduce *Right on Strengths* and evaluate *KW-1 Discover your strengths.* Assign homework and plan next session.	Practice nurse[b]	25 min.
At home	Think about which 5 of the strengths on *KW-1 Discover your strengths* are most applicable to oneself.	Participant	At choice
Session 2: My strengths	Evaluate homework, fill in *KW-2 Top 5 strengths*, discuss and fill in *KW-3 Strengths in daily life*. Participants gain insight in their strengths and learn that strengths can be used in daily life. Assign homework and plan next session.	Practice nurse	25 min.
At home	Fill in strengths diary (*KW-3*) and *KW-4 My positive health and goals.*	Participant	At choice (*KW-3* daily for one week)
Session 3: My goals	Evaluate homework, possibly reference to *Right on Target* or other possibilities for support.[c] When chosen to continue with *Right on Strengths*, the participant will choose a goal to work on during the intervention during this session. Fill in *KW-5 Personal goals*, start filling in *KW-6 Action plan*. Assign homework and plan next session.	Practice nurse	25 min.
At home	Finish and execute *KW-6 Action plan.*	Participant	At choice (daily for one week)
Session 4: Strengths and goals	Evaluate homework, discuss examples given on *KW-7 Using strengths in reaching your goals* and fill in action plan. Participants learn how to use their strengths in reaching their goals. Assign homework and plan next meeting.	Practice nurse	25 min.

At home	Execute action plan *KW-7 Using strengths in reaching your goals.*	Participant	At choice (daily for one week)
Session 5: Strengths and obstacles	Evaluate homework, discuss how strengths can be used in dealing with obstacles (such as chronic somatic complaints) to reaching goals. Discuss examples given on *KW-8 Using strengths when facing obstacles.* Fill in *KW-8* and draw up action plan. Assign homework and plan next session.	Practice nurse	25 min.
At home	Execute action plan *KW-8 Using strengths when facing obstacles.*	Participant	At choice (daily for one week)
Session 6: Conclusion	Evaluate homework, fill in *KW-9 What will I take with.* Compare where the participant started and where he is now, discuss what has been learned and discuss relapse. Evaluate the intervention. Assign homework.	Practice nurse	25 min.
At home	Read *EV-2.1 Information letter post-test Right on Strengths* and *EV-5.1 Information letter evaluation questionnaire Right on Strengths participant.* Fill in *EV-2.2 Post-test Right on Strengths* and *EV-5.2 Evaluation questionnaire Right on Strengths participant.* Optional: Interview for evaluation of *Right on Strengths*.	Participant	40 min. 30 min.

[a] The sessions of *Right on Strengths* take place once every two weeks. [b] In the pilot the practice nurses involved were most often specialised in mental health care (in Dutch: POH-GGZ). However, these tasks may also be executed by the practice nurse specialised in somatic health care (in Dutch: POH-S) or the general practitioner (GP). [c] In- and exclusion criteria can be found in Appendix D

Table A3
Schematic Overview of Step 3: Right on Target

STEP 3: *RIGHT ON TARGET*	**Description**	**Who**	**Duration (frequency[a])**
At home	After reference, read *EV-3.1 Information letter pre-test Right on Target* and fill in *EV-3.2 Questionnaire pre-test Right on Target.*	Participant	10-15 min.
Screening	Evaluate pre-test, inform practice nurse[b] whether participant is allowed to participate.	Researchers	At choice
	Approach participant and plan session 1 *Right on Target* or discuss other possibilities for support.	Practice nurse	At choice
Session 1: Threatened activities	Evaluate pre-test, discuss *KW-4 My positive health and goals* and where the participant got stuck. Fill in *DW-1 Threatened activities* and *DW-2 Goal pyramid.* The participant gains insight in the main goals connected to his threatened activities. Assign homework and plan next session.	Practice nurse	25 min.
At home	Fill in *DW-3 Choosing a threatened activity.*	Participant	At choice
Session 2: Dealing with goals	Evaluate homework. Discuss several strategies in dealing with goals by means of *DW-4 Overview puppets.* Fill in *DW-5 Actions in dealing with threatened activities* and execute *DW-6 Mental imagery.* Discuss, and choose a goal to work on during the intervention. Assign homework and plan next session.	Practice nurse	25 min.
At home	Fill in *DW-7 Action plan* and *DW-8 Positive and negative role model.*	Participant	At choice
Session 3: Emotions and action plan	Evaluate homework. Explain about resistance and emotions. Discuss and fill in *DW-9 Role models and resistance.* Evaluate and prepare execution of *DW-7 Action plan.* Assign homework and plan next session.	Practice nurse	25 min.

At home	Execute *DW-7 Action plan* and *DW-10 Evaluation executing action plan*	Participant	At choice (*DW-7* daily, *DW-10* once after one week)
Session 4: Alternatives and evaluation	Evaluate homework. Fill in and execute *DW-11 Choosing an alternative strategy.* Participants draw up an action plan with an alternative strategy. Assign homework and plan next session.	Practice nurse	25 min.
At home	Execute *DW-11 Choosing an alternative strategy* and *DW-12 Evaluation executing alternative strategy.* Fill in *DW-13 Signs.*	Participant	At choice (*DW-11* daily, *DW-12* once after one week, *DW-13* once)
Session 5: Looking back and ahead	Evaluate homework, compare with previous action plan. Evaluate strategies. Explain about signs and about the importance of preparing for the future (relapse prevention). Fill in *DW-14 Looking ahead.* Evaluate intervention. Assign homework.	Practice nurse	25 min.
At home	Read *EV-4.1 Information letter post-test Right on Target* and *EV-6.1 Information letter evaluation questionnaire Right on Target participant.* Fill in *EV-4.2 Post-test Right on Target* and *EV-6.2 Evaluation questionnaire Right on Target participant.*	Participant	50 min.
	Optional: Interview for evaluation of *Right on Target*.		30 min.

[a] The sessions of *Right on Target* take place once every two weeks. [b] In the pilot the practice nurses involved were most often specialised in mental health care (in Dutch: POH-GGZ). However, these tasks may also be executed by the practice nurse specialised in somatic health care (in Dutch: POH-S) or the general practitioner (GP).

Appendix B: Description Worksheets *Raise Your Strengths*

Table B1
Description of Worksheets Step 2: Right on Strengths

Number	Name	Description
KW-1	**Discover your strengths**	Participants indicate on a list of strengths which ones apply to them.
KW-2	**Top 5 strengths**	Participants write down their top 5 strengths.
KW-3	**Strengths in daily life**	Examples of using strengths in daily life. Participants fill in a strength diary for a week: which strengths, used in what way, feelings afterwards.
KW-4	**My positive health and goals**	Participants score themselves (0-10) on their functioning on the domains of positive health.[a] They formulate goals for each domain: what would you like, what do you need, what are you going to do to realize this? Including examples.
KW-5	**Personal goals**	Participants choose a goal to work on and describe how one could notice whether they have (not) met the goal.
KW-6	**Action plan**	Participants draw up an action plan: what step, before when, when really accomplished, notes.
KW-7	**Using strengths in reaching your goals**	Examples of using strengths in reaching goals. Participants draw up an action plan: what action, which strength, how, when, feeling afterwards.
KW-8	**Using strengths when facing obstacles**	Examples of using strengths when facing obstacles. Participants draw up an action plan: what obstacle, which strength, how, when, feeling afterwards.
KW-9	**What will I take with**	Participants think about what they have learned, about signs and actions (for themselves and others) in case they are (not) doing well, and about actions to stay on track.

[a] Retrieved from Huber (2011).

Table B2

Description of Worksheets Step 3: Right on Target

Number	Name	Description
DW-1	**Threatened activities**	Participants identify threatened activities.
DW-2	**Goal pyramid**	Participants identify 'higher' goals underlying their threatened activities by means of a goal pyramid. Including example.
DW-3	**Choosing a threatened activity**	Participants choose a threatened activity for the intervention, identify difficulties and possible solutions.
DW-4	**Overview puppets**	Explanation of several strategies (holding on, letting go, adapting, choosing a new goal) with accompanying pros, cons and emotions.
DW-5	**Actions in dealing with threatened activities**	Participants match their found solutions to the strategies and add more until an action has been identified for each strategy.
DW-6	**Mental imagery**	Participants imagine they would execute two actions of two different strategies in dealing with the obstacles to their threatened activity.
DW-7	**Action plan**	Participants draw up an action plan: what threatened activity, which actions, what would it be like afterwards?
DW-8	**Positive and negative role model**	Participants describe a positive and a negative role model.
DW-9	**Role models and resistance**	Participants describe how the chosen role models would cope with resistance in relation to their action plan.
DW-10	**Evaluation executing action plan**	Participants evaluate executing the action plan halfway.
DW-11	**Choosing an alternative strategy**	Participants choose a new strategy and possibly also a new threatened activity. Participants describe actions belonging to two (not yet executed) strategies. Participants engage in mental imagery and choose new actions.
DW-12	**Evaluation executing alternative strategy**	Participants evaluate executing the alternative strategy halfway.
DW-13	**Signs**	Participants identify signs that indicate something might well go wrong. How do you deal with that? When are things going better and how do you realise that? How do you keep that up?
DW-14	**Looking ahead**	Participants describe how they will use what they have learned in the future. What goal, which strategy, how can they use their strengths here?

Appendix C: Implementation Process *Raise Your Strengths*

The implementation process of *Raise your strengths* consisted out of two phases: (1) the research team delivering the intervention to its providers (i.e. the general practitioners and practice nurses) and (2) the GPs and practice nurses providing the intervention to the chronically ill patients (i.e. the target group). These phases are graphically depicted below.

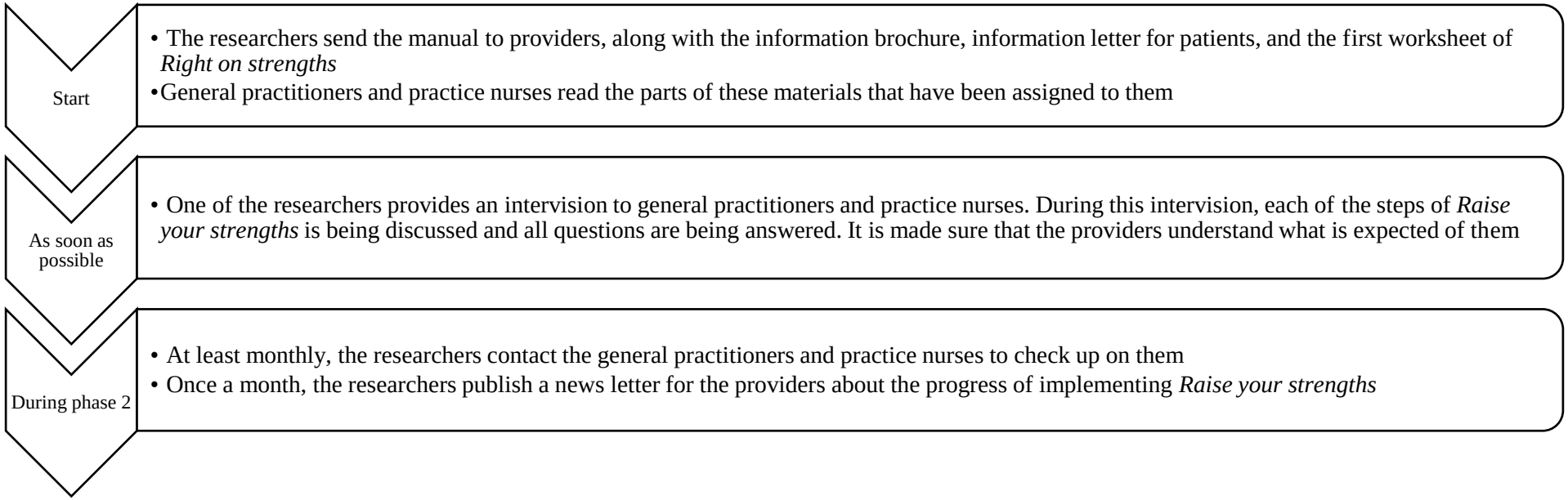

Figure C1. Implementation process of *Raise your strengths*, phase 1. Within the arrows on the left, it is depicted when activities are to be completed. On the right, it is described what activities are to be completed

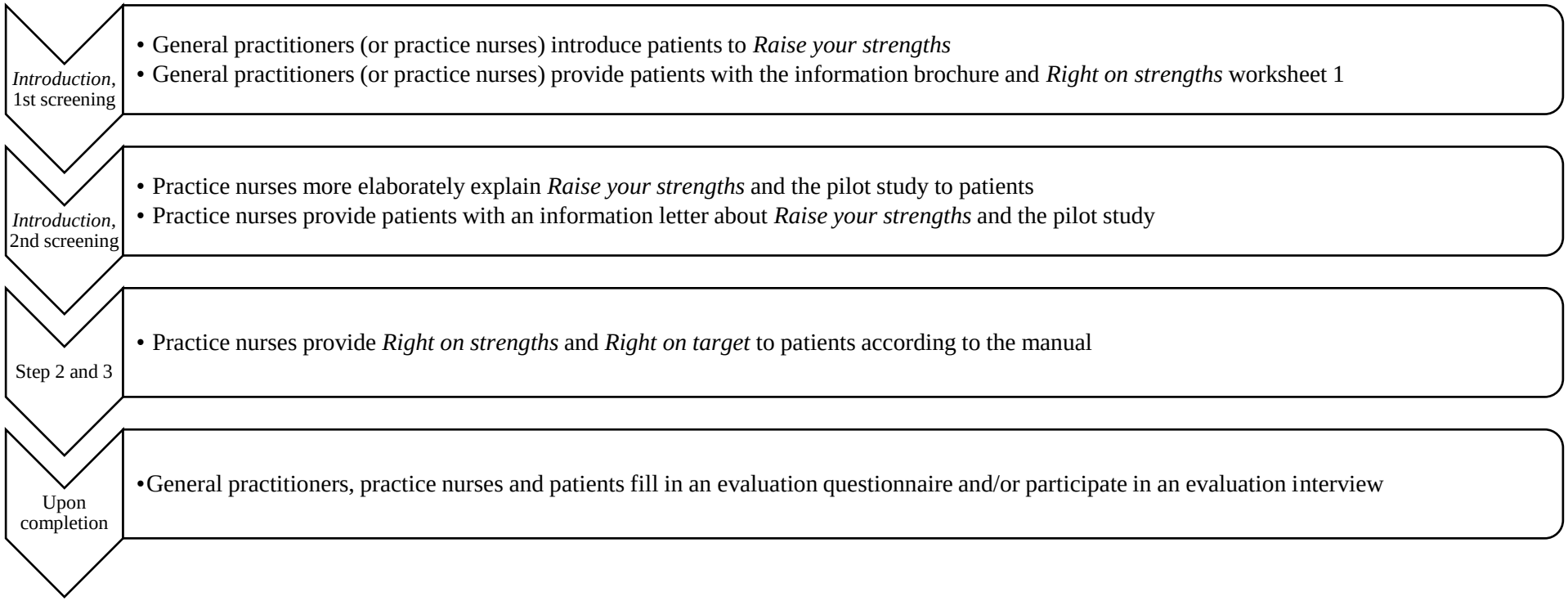

Figure C2. Implementation process of *Raise your strengths*, phase 2. Within the arrows on the left, it is depicted when activities are to be completed. On the right, it is described what activities are to be completed

Appendix D: Target Group and Inclusion- and Exclusion Criteria

In this Appendix, a description of the target group, and the inclusion and exclusion criteria can be found. These were retrieved and freely translated from the manual of *Raise your Strengths* (Van Veen, Peeters, Bohlmeijer, & Bode, 2018).

Target group *Raise your strengths*:
Adults with chronic somatic complaints, who feel these restrict them in living the life they want and who often visit their general practitioner. The participant should be motivated to work on managing their chronic complaints in order to live a good and meaningful life. The focus is on recurring somatic complaints and somatic complaints which progressively worsen and are incapacitating by nature. The somatic complaints are not bound to a specific diagnosis.

Inclusion criteria *Raise your strengths*:
- The patient is aged 18 or older
- The patient is mentally competent (to care for oneself)
- The patient has chronic somatic complaints (self-reported)
- The patient is willing to take at least 6 sessions over a period of 3 months
- The patient commands the Dutch language to a sufficient extent (in reading and in writing)
- The patient consents for participating in the research (DI-3)

Inclusion criteria *Right on Target*:
Participants of *Right on Target* also need to meet the following criteria as will become clear during the 'Goals' part of *Right on Strengths*, as judged by the practice nurse:
- The participant excessively holds on to unrealistic goals and can hardly let go of these.
- The participant is not able to formulate new, relevant and meaningful personal goals.
- The participant adapts his goals such that these lose their meaning.

A patient will be excluded from *Raise your strengths* when (s)he:
- Experiences many depressive- or anxiety complaints as measured with the Brief Symptom Inventory: mean score >= 3.33 on depression or mean score>=2.17 on anxiety (de Beurs & Zitman, 2006). This is judged by the researchers.
- Suffers from hallucinations (judged by the practice nurse)
- Is suicidal: the patient says wanting to commit suicide and has concrete plans to do so (judged by the practice nurse)
- Experiences severe memory problems: the patient remembers insufficient of the previous session for the practice nurse to elaborate on in the next session (judged by the practice nurse)
- Experiences severe concentration problems: the patient is unable to focus for 25 minutes on the conversation with the practice nurse (judged by the practice nurse)

Appendix E: Questions Implementation Evaluation *Raise Your Strengths*

Table E1

Implementation Evaluation of Raise Your Strengths: Questions Asked per (Sub)dimension

ATTRACTIVENESS OF THE INTERVENTION		
Implementation dimension[a]	**Description**	**Evaluation Raise your strengths**
Responsiveness	To what extent does the program stimulate the interest and enthusiasm of the participants? (engagement, attendance, satisfaction, home practice completion) **Aspects targeted**: information brochure, information letter, worksheet 1 *KW-1 Discover your strengths*, and whether participants would recommend *Raise your strengths* to others/colleagues	**General practitioner** *Interview* • What did you think of the information brochure [in the context of the *Introduction*]? (What was good, what could be improved? Recommendations?) • What did you think of the worksheet *Discover your strengths* that was used during the *Introduction*? (What was good, what could be improved? Recommendations?) How did you experience using *Right on strengths* worksheet 1? • What did you think of the information letter [in the context of the *Introduction*]? (What was good, what could be improved? Recommendations?) • Would you recommend *Raise your strengths* to your colleagues? (Why so/not?) *Questionnaire* • What do you think of the following regarding the implementation of the stepped care approach *Raise your strengths*? → Scoring on a 5-point scale (not good at all to very good) → Information brochure for participants. • Indicate to what extent you agree with the following statements → Scoring on a 5-point scale (totally disagree to totally agree) → I would recommend the stepped care approach to my colleagues. **Practice nurse** *Interview* • What did you think of using the information brochure? (What was good, what could be improved? Recommendations?) • Would you recommend *Raise your strengths* to your colleagues? (Why so/not?) *Questionnaire* • What do you think of the following regarding the implementation of the stepped care approach *Raise your strengths*? → Scoring on a 5-point scale (not good at all to very good) → Information brochure for participants.

		• Indicate to what extent you agree with the following statements → Scoring on a 5-point scale (totally disagree to totally agree) → I would recommend the stepped care approach to my colleagues. **Patient** *Interview* • What did you think of the information brochure? (What was good, what could be improved? Recommendations?) • What did you think of the worksheet *Discover your strengths* that was used during the *Introduction*? (What was good, what could be improved? Recommendations?) • What did you think of the information letter? (What was good, what could be improved? Recommendations?) • Would you recommend *Raise your strengths* to others? (Why so/not?) • How did you get in touch with *Raise your strengths*? (What did you think of this, what appealed to you or did not?) *Questionnaire* • What do you think of the following regarding the *Introduction* of *Raise your strengths*? Here you received an information brochure and *Right on strengths* worksheet 1. Moreover, the information letter was explained to you. → Scoring on a 5-point scale (not good at all to very good) → Information brochure. • Indicate to what extent you agree with the following statements → Scoring on 5-point scale (totally disagree to totally agree) → I would recommend the stepped care approach *Raise your strengths* to others.
Acceptability	To what extent do participants perceive the intervention as agreeable?	No questions directly targeted this dimension. Relates to factors to acceptability, such as comfort, relative advantage, credibility
Appropriateness	To what extent do participants perceive the intervention as fitting or relevant within a particular setting or for a particular target group or problem? **Aspects targeted**: professionals for providing each step, target group, setting, and inclusion- and exclusion criteria	**General practitioner & practice nurse** *Interview* • Which professionals in your general practice should, according to you, be able to provide the different steps (a, b and c) of *Raise your strengths*? • What do you think of the chosen target group "People with chronic somatic complaints" for this approach? / For whom is the approach particularly appropriate according to you (patients/clients)? • What did you think of the inclusion- and exclusion criteria of *Right on strengths* and *Right on target*?

- Does the approach fit within the setting in which you work, namely the general practice? (Why so/not, what works well, what would be helpful, has anything been missed, suggestions?)

Questionnaire

- Which professionals in your general practice should, according to you, be able to provide the different steps (a, b, and c) of *Raise your strengths*? (a = *Introduction*, b = *Right on strengths*, c = *Right on target*). Think of the general practitioner, practice nurse for mental health care and practice nurse for somatic health care. Please explain your answer.
- What do you think of the following regarding the implementation of the stepped care approach *Raise your strengths*? → Scoring on a 5-point scale (not good at all to very good) → Target group: people with chronic somatic complaints.
- What do you think of these inclusion- and exclusion criteria?
- Indicate to what extent you agree with the following statements → Scoring on a 5-point scale (totally disagree to totally agree) → The stepped care approach *Raise your strengths* is an approach that fits within the setting in which I work: the general practice.

Practice nurse (next to the above)

Interview

- How have you experienced the transition from *Right on strengths* to *Right on target*? (What went well/what did not? Suggestions?)
    - [Note: dependent on answers whether this question belonged to the current dimension or to the subdimension *'Step-specific'*]

Questionnaire

- What do you think of the following aspects of the third step of the stepped care approach, *Right on target*? → Scoring on a 5-point scale (not good at all to very good) → The criteria to refer participants from *Right on strengths* to *Right on target.*

Patient

Interview

- Do you think the approach fits within the general practice? (Why so/not, what works well, what would be helpful, has anything been missed, suggestions?)
- For whom is the approach particularly appropriate according to you? / To whom would you recommend the approach? (target group)

Questionnaire

- Indicate to what extent you agree with the following statements → Scoring on a 5-point scale (totally disagree to totally agree) → The stepped care approach *Raise your strengths* is an approach that fits within the general practice.

Feasibility	To what extent can the intervention be carried out in a particular setting? Is it doable? **Aspects targeted:** number of sessions, duration of sessions, (use of) manual and (use of) worksheets	**General practitioner** *Interview* • How did you experience using the manual? (what worked well/not well? What recommendations to you have? What would you need for that?) • How many sessions would you, based on your experience with the approach, recommend per step (a, b, and c) and how many minutes should these sessions last? (a = *Introduction*, b = *Right on strengths*, c = *Right on target*). *Questionnaire* • What do you think of the following regarding the implementation of the stepped care approach *Raise your strengths*? → Scoring on a 5-point scale (not good at all to very good) → Manual. • How many sessions would you, based on your experience with the approach, recommend per step (a, b, and c) of the stepped care approach *Raise your strengths* and how many minutes should these sessions last? (a = *Introduction*, b = *Right on strengths*, c = *Right on target*). Please explain your answer. **Practice nurse** *Interview* • How did you experience using the worksheets for the participants? (what worked well/not well, what recommendations do you have?) • How did you experience using the manual? (what worked well/not well? What recommendations do you have? What would you need for that?) • How many sessions would you, based on your experience with the approach, recommend per step (a, b, and c) of the stepped care approach *Raise your strengths* and how many minutes should these sessions last? (a = *Introduction*, b = *Right on strengths*, c = *Right on target*). *Questionnaire* • What do you think of the following regarding the implementation of the stepped care approach *Raise your strengths*? → Scoring on a 5-point scale (not good at all to very good) → Worksheets for participants • What do you think of the following regarding the implementation of the stepped care approach *Raise your strengths*? → Scoring on a 5-point scale (not good at all to very good) → Manual • How many sessions would you, based on your experience with the approach, recommend per step (a, b, and c) of the stepped care approach *Raise your strengths* and how many minutes should these sessions last? (a = *Introduction*, b = *Right on strengths*, c = *Right on target*). Please explain your answer.

		• What do you think of the following aspects of the second step of the stepped care approach, *Right on strengths*? → Scoring on a 5-point scale (not good at all to very good) → Number of sessions of *Right on strengths*. • What do you think of the following aspects of the second step of the stepped care approach, *Right on target*? → Scoring on a 5-point scale (not good at all to very good) → Number of sessions of *Right on target.* **Patient** *Interview* • What do you think of the number of sessions of *Raise your strengths*? / How have you experienced this? Please explain your answer. *Questionnaire* • What do you think of the following aspects of *Raise your strengths*? → Scoring on a 5-point scale (not good at all to very good) → number of sessions of *Raise your strengths.*
Implementation cost	What are the costs of implementing the intervention? (including the costs of the intervention itself)	No questions directly targeted this dimension.

DELIVERY OF THE INTERVENTION

Implementation dimension[a]	**Description**	**Evaluation Raise your strengths**
Fidelity	To what extent is the delivered intervention similar to its designed intervention? (program curriculum adherence)	No questions directly targeted this dimension.
Adaptation	To what extent have the participants made changes to the intervention's original design? Which? (particularly additions)	No questions directly targeted this dimension.
Quality	How well were the program components provided? Competence, skill	**General practitioner & practice nurse** *Interview* • How did you experience the first conversation? What went well, what did not? What could be different? What would you need for that?

	Aspects targeted: intervision, collaboration with research team, first conversation / explanation about the approach by GP and practice nurse, and guidance in general practice	• How did you experience the explanation about the approach (intervision) by [one of the researchers]? (What went well, what could be improved? Recommendations?) • How have you experienced collaborating with the research team? (what went well/could be improved? Recommendations?) *Questionnaire* • What do you think of the following regarding the implementation of the stepped care approach *Raise your strengths*? → Scoring on a 5-point scale (not good at all to very good) → Explanation about the approach by [one of the researchers] (intervision) • What do you think of the following regarding the implementation of the stepped care approach *Raise your strengths*? → Scoring on a 5-point scale (not good at all to very good) → Collaboration with the research team. **Patient** *Interview* • What did you think of the explanation by the general practitioner/practice nurse during the *Introduction*? (What went well, what could have been better? Suggestions?) • What did you think of the guidance in the general practice concerning *Raise your strengths*? *Questionnaire* • What do you think of the following regarding the *Introduction* of *Raise your strengths*? Here you received an information brochure and *Right on strengths* worksheet 1. Moreover, the information letter was explained to you. → Scoring on a 5-point scale (not good at all to very good) → Explanation by general practitioner/practice nurse. • What do you think of the following aspects of *Raise your strengths*? → Scoring on a 5-point scale (not good at all to very good) → Guidance in general practice concerning *Raise your strengths.*
Dosage	How much of the original program has been delivered? Number of program sessions delivered.	**General practitioner & Practice nurse** *Interview* • Which steps of *Raise your strengths* did you execute/provide? *Questionnaire* • Which steps of *Raise your strengths* did you execute/provide? → select: *Introduction, Right on strengths, Right on target.*

UPTAKE OF THE INTERVENTION

Implementation dimension[a]	**Description**	**Evaluation Raise your strengths**

Reach/scope = To what extent are the actual participants (i.e. the providers and the target group) involved with, and representative for, the targeted group of participants?	Coverage	To what extent does the target group (population) actually receive the intervention? Not to confuse with 'dosage', which mainly concerns the intervention itself.	**General practitioner** *Interview + questionnaire* • How many patients did you refer to the practice nurse to (possibly) start with *Raise your strengths*? • How many patients have started within your general practice with *Raise your strengths*? **Practice nurse** *Interview + questionnaire* • How many patients have been referred to you to (possibly) start with *Raise your strengths?* • How many patients have started within your general practice with *Raise your strengths*?
	Adoption	To what extent do possible providers initially decide to try to employ the intervention?	**General practitioner & practice nurse** • Participation number of general practitioners/practice nurses
Sustainability		To what extent is the intervention maintained over time in a given setting?	No questions directly targeted this dimension. Not measured over time.

OTHER

Implementation dimension[a]	**Description**	**Evaluation Raise your strengths**
Monitoring	To what extent did participants receive other services during the implementation process? Which? (usual care, alternative services)	No questions directly targeted this dimension. There only was one condition and reception of other help was allowed (but not controlled for).
Differentiation	To what extent is the intervention unique in its theory and practices?	No questions directly targeted this dimension.
General evaluation <u>Overall</u> Concerns any strengths, points for improvement or recommendations regarding the implementation of the intervention as a whole. **General practitioner & Practice nurse**		

Interview

- What do you consider strengths concerning the provision of *Raise your strengths* within your general practice?
- What recommendations do you have concerning the provision of *Raise your strengths* within your general practice?
- Do you still have any remarks concerning the stepped care approach *Raise your strengths* or about anything else?

Questionnaire

- What do you consider strengths regarding the implementation of the stepped care approach *Raise your strengths?*
- What recommendations do you have concerning the implementation of *Raise your strengths?*
- Do you still have any remarks concerning the stepped care approach *Raise your strengths* or about anything else?

Patient

Interview & questionnaire

- What do you consider strengths of the stepped care approach *Raise your strengths?* What recommendations do you have? What else would be helpful?
- Do you still have any remarks concerning the stepped care approach *Raise your strengths* or about anything else?

Step-specific

Concerns any strengths, points for improvement or recommendations regarding the implementation of one of the intervention's steps specifically or the transitions between these.

General practitioner

Interview

- What do you consider strengths / what recommendations do you have regarding the first step of the approach, the *Introduction* to *Raise your strengths*? (Information brochure, *Right on strengths* worksheet 1, conversation including information letter)? What did you find good or not too good in particular?
    - [Note: dependent on answers whether this belongs to content or implementation and to which (sub)dimension]

Questionnaire

- What do you consider strengths / what recommendations do you have regarding the first step of the stepped care approach: the *Introduction* to *Raise your strengths*? Think of: providing the information brochure, providing *Right on strengths* worksheet 1, the conversation during which the information letter was explained to the patient.
    - [Note: dependent on answers whether this belongs to content or implementation and to which (sub)dimension]

Practice nurse

Interview

- What do you consider strengths regarding the first step of the approach: the *Introduction* to *Raise your strengths*? (information brochure, *Right on strengths* worksheet 1, conversation including information letter)? What did you find good or not too good in particular? What recommendations do you have?
    - [Note: dependent on answers whether this belongs to content or implementation and to which (sub)dimension]
- What did you think of the separate aspects of the second step, *Right on strengths*? (Discuss per aspect/worksheet)
    - [Note: dependent on answers whether this belongs to content or implementation and to which (sub)dimension]
- What did you think of the separate aspects of the third step, *Right on target*? (Discuss per aspect/worksheet)
    - [Note: dependent on answers whether this belongs to content or implementation and to which (sub)dimension]

- How have you experienced the transition from *Right on strengths* to *Right on target*? (What went well/what did not? Suggestions?)
    - [Note: dependent on answers whether this question belonged to *'Appropriateness'* or to the current subdimension]

Questionnaire

- What do you consider strengths / what recommendations do you have regarding the first step of the stepped care approach: the *Introduction* to *Raise your strengths*? Think of: providing the information brochure, providing *Right on strengths* worksheet 1, the conversation during which the information letter was explained to the patient.
    - [Note: dependent on answers whether this belongs to content or implementation and to which (sub)dimension]
- What do you consider strengths / what recommendations do you have regarding the second step of the stepped care approach: *Right on strengths*?
    - [Note: dependent on answers whether this belongs to content or implementation and to which (sub)dimension]
- What do you think of the following aspects of the second step of the stepped care approach, *Right on strengths*? → Scoring on a 5-point scale (not good at all to very good) → each worksheet of *Right on strengths*
- What do you consider strengths / what recommendations do you have regarding the third step of the stepped care approach: *Right on target*?
    - [Note: dependent on answers whether this belongs to content or implementation and to which (sub)dimension]
- What do you think of the following aspects of the third step of the stepped care approach, *Right on target*? → Scoring on a 5-point scale (not good at all to very good) → each worksheet of *Right on target*

Patient

Interview

- What do you consider strengths / what recommendations do you have regarding the *Introduction* of the stepped care approach *Raise your strengths*? Here you received an information brochure, *Right on strengths* worksheet 1, the information letter and an explanation.
    - [Note: dependent on answers whether this belongs to content or implementation and to which (sub)dimension]
- What did you think of the separate aspects of *Raise your strengths?* (Discuss per aspect/worksheet)
    - [Note: dependent on answers whether this belongs to content or implementation and to which (sub)dimension]

Questionnaire

- What do you think of the following aspects of *Raise your strengths*? → Scoring on a 5-point scale (not good at all to very good) → each worksheet of *Right on strengths*

[a] Based on Berkel, Mauricio, Schoenfelder, & Sandler, 2011; Durlak & DuPre, 2008; Peters, Adam, Alonge, Agyepong, & Tran, 2013

Appendix F: Coding Schemes

RQ1: How did participants of the pilot study of 2018 evaluate the implementation of the stepped care approach *Raise your strengths* in primary health care?

Table F1
First Coding Scheme

Category	Code	Subcode	Description
Attractiveness	Responsiveness		Concerns to what extent the interest and enthusiasm of the participants was stimulated by several aspects of *Raise your strengths*
		Info brochure, info letter and worksheet 1	Concerns to what extent the interest and enthusiasm of the participants was stimulated by the information brochure, the information letter and worksheet *KW-1 Discover your strengths* used in the *Introduction*
		Intervention	Concerns to what extent the interest and enthusiasm of the participants was stimulated by *Raise your strengths* as a whole
		Would (not) recommend to others	Concerns whether participants would recommend *Raise your strengths* to colleagues/others (yes/no). To whom (not) was coded as *'target group and criteria'* or *'provider'*
	Acceptability		Concerns to what extent participants perceived *Raise your strengths* as agreeable. Applied when the intervention in an abstract sense was considered, e.g. the theory behind it
	Appropriateness		Concerns to what extent participants perceived *Raise your strengths* as fitting or relevant within the general practice or for the target group
		Target group and criteria	Concerns what participants thought the target group of *Raise your strengths* should (not) be and why, and how they evaluated the inclusion- and exclusion criteria of *Raise your strengths*.
		Provider	Concerns which professionals participants thought should (not) provide each of the separate steps of *Raise your strengths* and why
		Setting	Concerns whether participants considered the general practice to be an appropriate setting for *Raise your strengths*
	Feasibility		Concerns to what extent *Raise your strengths* could be carried out in the general practices. Was it doable?
		Number and duration of and	Concerns how participants evaluated the amount and duration of and the time in between the sessions of (the steps of) *Raise your strengths*

		time between sessions	
		Time before start	Concerns how participants evaluated the time between providing Raise your strengths to providers and providing it to patients
		Manual	Concerns how participants evaluated working with the manual of *Raise your strengths*
		Worksheets	Concerns how participants evaluated working with the worksheets of *Raise your strengths.* This did NOT regard the content of any worksheets.
	Cost		Concerns the costs of implementing *Raise your strengths*
	Other		Concerns everything relevant to, but not covered by the other codes of, this category
Delivery	Fidelity and adaptation		Concerns to what extent *Raise your strengths* was delivered as designed; program curriculum adherence (fidelity) and any changes (particularly additions) made (adaptation). Applied only when it regarded the providers
	Quality		Concerns how well the components of *Raise your strengths* were provided; quality, skill
		Intervision	Concerns how participants (providers) evaluated the intervision (explanation about *Raise your strengths*) that was given by one of the researchers
		Collaboration researchers	Concerns how participants (providers) evaluated the collaboration with the research team
		Explanation / first conversation	Concerns how participants evaluated the first conversation during the *Introduction* in which *Raise your strengths* was explained to patients
		Guidance patient	Concerns how patients evaluated the guidance they had received in the general practice regarding *Raise your strengths*
	Format		Concerns how participants evaluated the format in which *Raise your strengths* was delivered, e.g. face-to-face, on paper, digitally
	Other		Concerns everything relevant to, but not covered by the other codes of, this category
Uptake	Facilitators/barriers		Concerns factors that were uniquely mentioned as having influenced providers' decisions whether or not to adopt Raise your strengths
	Other		Concerns everything relevant to, but not covered by the other (sub)codes of, this category
Other	General evaluation	Overall	Concerns how participants evaluated the implementation of *Raise your strengths* as a whole, relatively abstract
	Step-specific	Step 1	Concerns how participants evaluated the implementation of the *Introduction*, relatively abstract.
		Step 2	Concerns how participants evaluated the implementation of *Right on strengths*, relatively abstract
		Step 3	Concerns how participants evaluated the implementation of *Right on target*, relatively abstract

RQ2: What recommendations for future implementations of the stepped care approach *Raise your strengths* in primary health care can be provided based on an implementation evaluation of the pilot study of 2018?

Table F2
Second Coding Scheme

Category	Description	Code	Clarification
Recommendation	Recommendations participants provided regarding the implementation of *Raise your strengths*	Start	Start of implementation process (both as in kick-off and as in a phase)
		Evaluation and feedback	
		Manual and worksheets	
		Format	Format of delivery, e.g. face-to-face, on paper, digitally
		Other	All other recommendations that were given[a].

[a] These did not form any clear clusters and were hence not further divided into codes. For the same reason, these were coded but not discussed in the present paper.

Appendix G: Codes with Exemplary Quotes per Category

Table G1
Codes with Exemplary Quotes: Category 'Attractiveness of the Intervention'

Category	Code	Subcode	N	Exemplary quote[a]
Attractiveness	Responsiveness	Info brochure, info letter and worksheet 1	46	Info brochure *"Ja helder, prima. Ik denk dat die goed is, kort en bondig, n-niet te veel informatie in één keer […] heel pakkend is, heel eh, heel prima." (practice nurse 1)* Info letter *"Ja, op zich helder, hè, er staat ook in wat erin moet staan denk ik, maar ja… Ehm, het is goed, om, om mensen goed voor te lichten, van wat komt erbij kijken, wat kun je verwachten, waar gaat het over." (practice nurse 1)* *"De informatiebrief is wel heel lang, dat merkte ik eh, wel." (practice nurse 4)* Worksheet 1 *"Ik vind het goed dat de patiënten door het werkblad een idee krijgen van wat de aanpak inhoudt." (practice nurse Q3)*
		Intervention	32	*"-en ehm, leek me dat ook wel een goede manier om eh, daar meer mee bezig te zijn. Om dan inderdaad in je kracht eh, te komen." (patient 2)*
		Would (not) recommend to others	7	*Interviewer: […] -zou je deze aanpak aanbevelen aan anderen?"* *Patient 1: "Ja. Niet aan iedereen, denk ik."*
	Acceptability		17	*"Ik denk wel dat dat [het idee van de aanpak, het onderwerp], dat het echt wel iets is, waar je wat mee kan." (practice nurse 3)*
	Appropriateness	Target group and criteria	87	Current target group *"Ik denk dat dat juist een hele goede doelgroep is om dat dat [positieve gezondheid, sterke kanten], erbij te belichten." (practice nurse 1)* *"Criteria waren helder en logisch." (practice nurse Q2)* Extending target group to *"Ja, die een beetje eh, ook niet meer zo goed weten hoe ze verder nou moeten, hè, die, niet echt een DSM diagnose, maar die, ehm, een beetje moedeloos zijn, zich een beetje machteloos voelen in de situatie waarin ze nu zitten […] eigenlijk die een beetje geactiveerd moeten, moeten worden." (practice nurse 4)*

			"Ja, voor zulke mensen, ja. Dat het echt blijvend is. Niet dat het voor even is, maar blijvend, ja." (patient 1) Not extending target group to *"Je moet niet zwaar psychisch, eh, in de put zitten, denk ik. Dan kun je dit niet gebruiken." (patient 1)* *"Ja, en die patiënten die echt geëxcludeerd moe-moeten worden, dat spreekt eigenlijk ook wel voor zich." (practice nurse 2)*
	Provider	64	Step 1 *"[…] ik denk dat het dan ook door de patiënt veel beter gedragen wordt. De huisarts heeft toch wel net weer een andere, eh, rol, dan de praktijkondersteuner." (practice nurse 2)* Step 2 *"[…] dat vraagt veel meer tijd en energie, en eh, technieken, die volgens mij het beste thuishoren bij de POH-GGZ." (GP 1)* Step 3 *"Die absoluut de POH-GGZ, want dat vergt nog wel wat meer, merk ik, om mensen daar doorheen te helpen." (practice nurse 4)*
	Setting	17	*"En ehm, de werkdruk is heel erg hoog, […] ik vraag me af of het in de huidige, ja, de huidige… werkomgeving, hoe dat nu allemaal gaat, of dat realistisch is. Maar ik vind wel dat het zou moeten passen [lacht], laat ik het zo zeggen." (practice nurse 4)*
Feasibility	Number and duration of and time between sessions	54	Step 1, first screening *"Dat deed je bijna tijdens het consult, als ze voor iets anders kwamen." (GP 1)* Step 1, second screening *"Nou, je komt heel snel in gesprek over vanalles en nog wat, mensen gaan toch snel meer vertellen. […]een half uur klets je zo weg, ja." (practice nurse 1)* Step 2 *"Alleen merkte ik wel dat ehm, vooral de mensen die ik dan zag, echt moesten wennen aan dat ik niet echt even tijd had om te kunnen horen om het ging." (practice nurse 4)* Step 3 *"5 sessies van 25 min." (practice nurse Q3)* *"Alleen die periode, dat is dan twijfelachtig, of dat haalbaar is […] je hebt natuurlijk altijd met twee agenda's te maken, en met die van ons, en natuurlijk met de patiënt." (practice nurse 2)*

		Time before start	18	*"[…] in de voo- de aanloop er naartoe, dus die voorbereiding, daar zouden ze eigenlijk meer uren moeten krijgen […] [om] zich in te kunnen lezen, ehm, een intervisie te kunnen plannen, dat soort dingen." (practice nurse 4)*
		Manual	45	*"[…] vond het gewoon heel prettig dat er per keer, per sessie eigenlijk staat van, nah, wat moet je doen, waar kun je wat vinden, die map zit prima in elkaar." (practice nurse 1)* *"[…]d-d-die dikke map doorgekeken, en dat ik echt dacht van: men […] daar was ik al vrij snel eh, het overzicht in kwijt. Dat ik denk van: als ik het al niet […] op een rijtje krijg, hoe moet ik dat dan goed gaan formuleren naar mijn patiënten toe?" (practice nurse 3)*
		Worksheets	19	*"[…] ik vind het, ja, allemaal logisch, en i-ik vind het heel herkenbaar, dus d-dit is voor mij geen eh, materie dat ik denk: jeetje, wat bedoelen ze hiermee, of, of, nee." (practice nurse 1)*
	Cost		32	*"Het is nog best wel belastend [?], want je moet m-mensen daarin ondersteunen, en helpen, en ehm, en verder laten denken en doen." (practice nurse 4)*
	Other		6	*"-om het echt te implemen- implementeren in een huisartsenpraktijk is een methodiek wel handig [articuleert extra]." (practice nurse 1)*

[a] To indicate quotes were taken from the evaluation interviews, the notation "GP 1" was used. When taken from the evaluation questionnaires, the notation "GP Q1" was used.

Table G2

Codes with Exemplary Quotes: Category 'Delivery of the Intervention'

Category	**Code**	**Subcode**	**N**	**Exemplary quote[a]**
Delivery	Fidelity and adaptation		46	Fidelity *"[…] ik kreeg een beetje de indruk bij mijn huisartsen, dat ze op een gegeven moment de structuur, de structuur die daar, daarin hun was aangeboden wel loslieten. […] Volgens mij verschilt het ook een beetje per huisarts." (practice nurse 4)* Adaptation *"Ik heb een deel van de tekst [van de folder] op de webcast, in de wachtkamer, gezet. Dus dat iedereen die er zit het gewoon kan lezen, dat het [Sterker in je kracht] bestaat." (GP 1)*
	Quality	Intervision	6	*"Heel prettig om dat wel ook even hier eh, face to face te doen, en samen die map door te nemen, en eh, dat was heel prettig." (practice nurse 1)*
		Collaboration researchers	3	*Interviewer: "En, eh, hoe heb je de samenwerking met het onderzoeksteam ervaren, dus met ons, hier, vanuit de UT?"* *GP 1: "Prima."* *Interviewer: "Suggesties, aanbevelingen?"* *GP 1: "Ehm, nee."*

		Explanation / first conversation	14	*"Nee, want [naam POH] heeft natuurlijk […] uitgelegd wat eh, hè, wat precie- hoe dat eh, precies zou gaan en wat de bedoeling was, en wat het eventueel voor mij zou kunnen betekenen, dus er was me al heel veel duidelijk." (patient 2)*
		Guidance patient	6	*"Ik heb eh, ja, we, we hebben de dingen besproken die eh, die nodig waren, en als het niet helemaal duidelijk voor, voor mij was, heeft [naam POH] het allemaal goed eh, goed uitgelegd. En me op weg geholpen, min of meer." (patient 2)*
	Format		18	*"Ja, maar ook, ook om hè, patiënten iets mee te kunnen geven aan werkbladen, dat werkt wel. Daar zet je ze ook mee aan het werk en dat is prima." (practice nurse 1)*
	Other		15	*"[…] d-de manager heeft het volgens mij aangenomen, ehm, d-die heeft contact met jullie eh, gehad; het is bij ons over d- over de heg eh, ge- nou, niet gelegd, echt wel een beetje gegooid." (practice nurse 2)*

[a] To indicate quotes were taken from the evaluation interviews, the notation "GP 1" was used. When taken from the evaluation questionnaires, the notation "GP Q1" was used.

Table G3

Codes with Exemplary Quotes: Category 'Uptake of the Intervention'

Category	**Code**	**Subcode**	**N**	**Exemplary quote[a]**
Uptake	Facilitators/ barriers		21	*"[…] de patiënt vertelt je dan ook dingen die niet inherent zijn aan de bloeddruk of de COPD wat ik normaal doe, maar ik moet daar wel iets mee. Tenminste, dat gevoel heb ik dan als verpleegkundige, dat ik daar, als ze mij iets anders op tafel leggen, dat ik niet kan zeggen van: ja, dat is geen long, dus dat eh, parkeren we maar. Het is fijn dat je het gezegd hebt, maar he, hier is de koude zalf." (practice nurse 2; POH-S)*
	Other		0	-

[a] To indicate quotes were taken from the evaluation interviews, the notation "GP 1" was used. When taken from the evaluation questionnaires, the notation "GP Q1" was used.

Table G4

Codes with Exemplary Quotes: Category 'Other'

Category	**Code**	**Subcode**	**N**	**Exemplary quote[a]**
Other	General evaluation	Overall	0	-
	Step-specific	Step 1	31	*"Ik merk dat de patiënten het als laagdrempelig ervaren; schrokken niet gelijk van de folder. Niet gelijk een idee van 'ik ben psychisch niet in orde.'" (GP Q3)*
		Step 2	13	*"Ik vond het ook wel gewoon… Prettig om te merken dat het, dat het doorlopen van Krachtbewust met name, want dat heb ik het meest gedaan, ook wel heel, ja, soepel ging, eigenlijk." (practice nurse 4)*
		Step 3	16	*"Dus ik sta wel achter die… Echt wel achter die overgang [van Krachtbewust naar Doelbewust]. En het ging eigenlijk ook wel goed." (practice nurse 4)*

[a] To indicate quotes were taken from the evaluation interviews, the notation "GP 1" was used. When taken from the evaluation questionnaires, the notation "GP Q1" was used.

Table G5
Codes with Exemplary Quotes: Category 'Recommendations'

Category	Code	N	Exemplary quote[a]
Recommendations	Start	23	*"[…] dat de aftrap meer groepsgewijs is, met het groepje, dat je ook weet van: o ja, wie is er allemaal mee bezig? […] Misschien, misschien is dat, is dat handig, om het dan toch gezamenlijk… Ook wel iets meer gewicht onder de schouders te leggen ofzo, van hey, hier gaan we mee bezig samen." (practice nurse 1)*
	Evaluation and feedback	9	*"Wat wel handig zou zijn geweest is als ik bijvoorbeeld nu een keer met de huisartsen en de POH-somatiek even een kwartiertje had gezeten, van joh, hoe vinden jullie het gaan, eh… Om zo eens even te evalueren van, goh, met hoeveel patiënten doen we dit nou, zoveel mensen hebben jullie doorverwezen, en hoe gaat het eigenlijk… Dus ook meer als team te evalueren." (practice nurse 4)*
	Manual and worksheets	19	*"Ja, als het maar in een chronologische volgorde ligt. Of het in een snelhechter zit of in een boekwerk, d-dat maakt denk ik niet zo veel uit, maar als het elkaar maar opvolgt. Als het maar een minder, voor ons een minder, ehm, gezoek is […]" (practice nurse 2)*
	Format	8	*"[…] dat je daar bijvoorbeeld een eh, rollenspel, of een casuïstiek-achtig iets, dat jullie dat uitvoeren en dat wij dat kunnen na- aanschouwen, zodat je een beetje weet van, wat wordt er nu precies allemaal eh, bedoeld, en verwacht, en ehm, of dat je dat in beeldmateriaal in een filmpje kan zetten […]" (practice nurse 2)*

[a] To indicate quotes were taken from the evaluation interviews, the notation "GP 1" was used. When taken from the evaluation questionnaires, the notation "GP Q1" was used.