

Kirstine Shrubsole, David Copland, Annie Hill, Asaduzzaman Khan, Melissa Lawrie, Denise A. O'Connor, Moya Pattie, Amy Rodriguez, Elizabeth C. Ward, Linda Worrall & Marie-Pier McSween (2022) Development of a tailored intervention to implement an Intensive and Comprehensive Aphasia Program (ICAP) into Australian health services, Aphasiology, DOI: [10.1080/02687038.2022.2095608](https://doi.org/10.1080/02687038.2022.2095608)

Background; The Aphasia Language Impairment and Functioning Therapy (LIFT) program is one example of an Intensive and Comprehensive Aphasia Program (ICAP) developed in a research setting. This ICAP has shown promising improvements in naming, communication participation and communication-related quality of life, and is ready for translation into health services. However, there are challenges to implementing ICAPs into clinical services, including delivering high treatment doses with existing staffing, and providing a cohort model where patients start and finish concurrently. No Australian studies have investigated local clinicians' or clinical stakeholders' perspectives on translating the Aphasia LIFT program into existing health services. It is vital to understand the clinical context in which implementation is intended so that a theory-informed implementation intervention can be tailored to address identified barriers.

Aims; This study aimed to identify potential barriers and facilitators to implementing Aphasia LIFT into existing healthcare services from the perspectives of clinical stakeholders and experienced LIFT clinicians, and develop a theory-informed implementation intervention for Aphasia LIFT, tailored to the intended implementation context.

Methods & Procedures; This study comprised two distinct phases. In phase 1, qualitative semi-structured interviews were conducted with clinical stakeholders (n = 13) and Aphasia LIFT clinicians (n = 5) to identify key barriers and facilitators to Aphasia LIFT implementation. Interviews were informed by the Theoretical Domain Framework and data analysed using content analysis. In phase 2, barriers were mapped to behaviour change techniques and implementation strategies using two mapping approaches, leading to the development of the implementation intervention.

Outcomes & Results; Combined clinical stakeholder and Aphasia LIFT clinician perspectives revealed six main barriers: 'patient-level factors', 'environmental context and resources', 'beliefs about capabilities', 'the Aphasia LIFT innovation', 'knowledge', and 'skills'. Key implementation barriers included a perceived lack of flexibility of the Aphasia LIFT program's structure, and an overall lack of confidence that the program could be feasibly delivered within a constrained healthcare environment. An implementation intervention was subsequently designed that incorporated six components: (i) Executive, leadership and stakeholder support, (ii) Allocation of clinical staff, (iii) Interactive education and training program, (iv) Resource procurement and provision, (v) Ongoing implementation support, and (vi) Consumer engagement and promotion.

Conclusion; The context-specific barriers and facilitators identified in this study informed the development of a tailored implementation intervention to facilitate translation of the Aphasia LIFT ICAP into clinical services. This implementation intervention will be evaluated in a future study.