

# Using Qualitative Summary Templates and Matrix Displays to Assess Factors that Impact the Pace of Implementation

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Caring  
Contacts



*Sending Veterans Support*



Choose **VA**

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- Disclaimer: The views expressed in this presentation are those of the author and do not necessarily reflect the position or policy of the Department of Veterans Affairs or the United States Government.

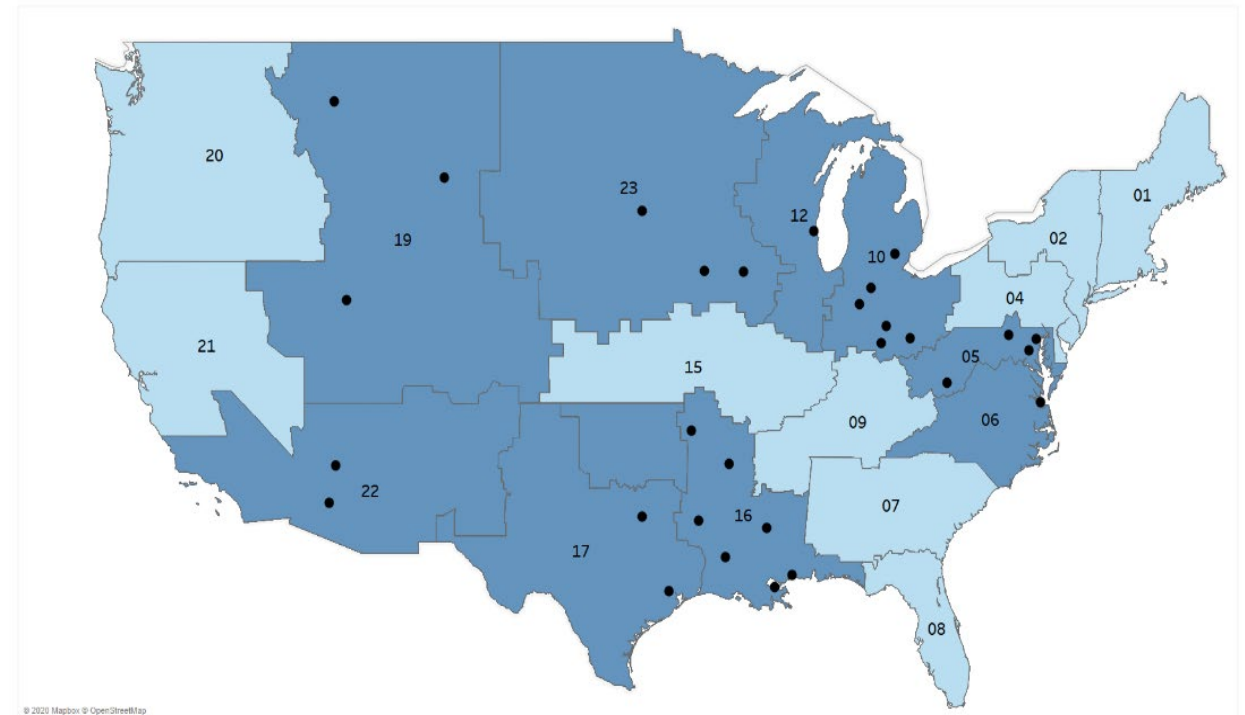
# Research Team

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# Implement & Evaluate at 28 Facilities

- VA QUERI Partnered Implementation Initiative (PII) to implement and evaluate Caring Contacts in the emergency department
  - 3 years to spread & evaluate
  - Using implementation facilitation
- 28 sites in 9 VISNs





# Caring Contacts

- Sending patients who are suicidal brief, non-demanding expressions of care and concern at specified intervals over a year
- Significant reductions in suicide deaths<sup>1,2</sup>, attempts, and ideation at 1- and 2-year follow-up<sup>3,4,5</sup>
- Feasible and acceptable with military and veteran populations
- Recommended by VA/DOD clinical practice guidelines





Dear Ms. Squirrel

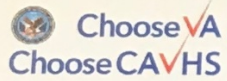
*"Who kept the faith and fought the fight,  
the glory theirs and the duty ours."*

*-Wallace Bruce*

We value your health and are honored to serve you in the

Lori Davis, RN and Your Emergency Department Team

501-257-5683



Central Arkansas Veterans Healthcare System | 4300 W 7th St. 116/NLR CC | Little Rock, AR 72205

Dear Ms. Squirrel

All of us at CAVHS Emergency  
Department wish you a happy birthday  
and good health in the years to come!

Lori Davis, RN and Your Emergency  
Department Team

501-257-5683



Central Arkansas Veterans Healthcare System | 4300 W 7th St. 116/NLR CC | Little Rock, AR 72205

Sally Squirrel  
55 Main Street  
Anytown, Arkansas 72222

1



Department of Veterans Affairs  
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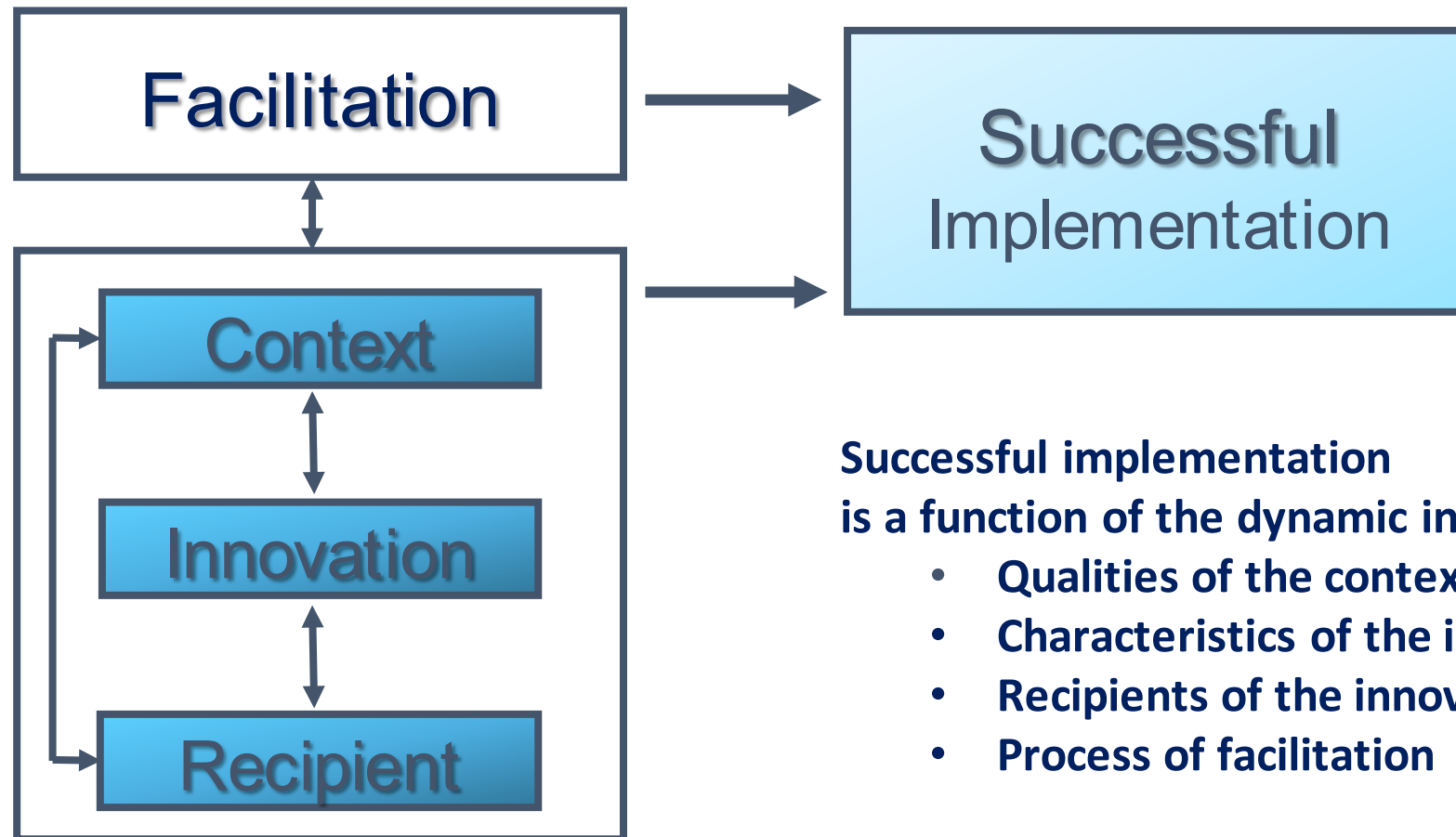


## Supporting Implementation

Months	1-2	3-4	5-6	7-8	9-10	11-12	13-14	15-16	17-18	19-20	21-22	23-24
Wave 1	Facilitation		Stepdown									
Wave 2	Waiting Period	Facilitation			Stepdown							
Wave 3	Waiting Period			Facilitation			Stepdown					
Wave 4	Waiting Period					Facilitation			Stepdown			

- To support implementation and spread of Caring Contacts, we are using the implementation strategy of facilitation

# i-PARIHS Framework



**Successful implementation**  
is a function of the dynamic interaction between:

- Qualities of the context
- Characteristics of the innovation
- Recipients of the innovation
- Process of facilitation





# Qualitative Evaluation



Identify contextual, innovation, recipient, and facilitation barriers and facilitators that impact implementation



Understand how barriers and facilitators impact the pace of implementation at each site

# Data Collection

- Dyadic debriefs with a team of two external facilitators conducted:
  - Bi-weekly by telephone until the first Caring Contact sent
  - Monthly by telephone until the site enters into sustainment
- Debriefs last  $\leq$  60-minutes
  - $\leq$  30-minutes per site



Timeline of Dyadic Debriefs (x)

	Sites 506 & 610	Facilitators 1 and 3		Sites 666 & 695	Facilitators 1 and 2
		Debrief	Implementation Activity		Debrief
May 11-15				5/13	Implementation Activity
May 18-22					First phone & Form Eval (695)
May 25-29				5/27	x
Jun 1-5					
Jun 8-12				6/10	x
Jun 15-19	6/17		First email (610)		
Jun 22-26	6/25		First phone & Form Eval (610)	6/24	x
Jun 29-Jul 3	7/1		Imp Plan Meet (610)		
Jul 6-10				7/9	x
Jul 13-17	miss			7/16	
Jul 20-24				7/22	x
Jul 27-31	miss				Imp Plan Meet (695)
Aug 3-7				miss	First email (666)
Aug 10-Aug 14	8/14		First CC sent (610)		Cancelled - Facilitator on AL
Aug 17-Aug 21	8/18	x		8/19	x
Aug 24-Aug 28				8/26	
Aug 31-Sept 4				miss, 9/3	First phone (666) & Form Eval (666)
Sept 7-11	9/8	x			Form Eval (666) & Imp Plan Guide F
Sept 14-18	9/14		Form. Eval call (506)	miss	Missing - no debriefs scheduled
Sept 21-25	9/21, 9/22	x	First CC sent (610)		
Sept 28-Oct 2			Proc. Ed call (506)	10/1	x
Oct 5-9	10/5	x			
Oct 12-16				10/14	
Oct 19-23	10/20	x			
Oct 26-30					
Nov 2-6	11/2, 11/6				
Nov 9-13	11/12				
Nov 16-20	11/16				

**SITE 695: ¶**

- → 1<sup>st</sup> Dyadic Debrief: 5/27 ¶
  - → Clinical champion is a junior VA person and knowing who to engage is a learning process; she is not well-connected, and she seems to lack confidence ¶
  - → Because of COVID-19, site champion can't guarantee 25% protected time ¶
- → 2<sup>nd</sup> Dyadic Debrief: 6/10 ¶
  - → Champion and her supervisor are worried about her time commitment; need to identify another champion. Champion also not comfortable in the role of champion, as salesperson for the project. Champion also not comfortable as a result of where she is in her career and her position vis-a-vis leadership. ¶
  - → Mental health service line structured in a unique way: have two co-leads at the top and three leads at the specific clinic; this may impact communication ¶
- → 3<sup>rd</sup> Dyadic Debrief: 6/24 ¶
  - → New champion identified, but 1 and 2 had to wait a while and had to push for it; 1 and 2 have not yet met with new champion ¶
  - → 1 and 2 sense that mental health leadership are not excited about CC-ED; sense that it is an unfunded mandate ¶
- → 4<sup>th</sup> Dyadic Debrief: 7/9 ¶
  - → 1 and 2 have met with new champion. New champion is excited. Determining factor in choosing new champion was that she had the time. New champion is also more outgoing, and less intimidated by leadership. ¶
  - → Leadership, again, did not explain role of champion well to the champion. Champion had questions about the scope of her role, how CC-ED is different from other caring contacts ¶
  - → Very social work driven; connection with leadership is still tenuous. Stakeholders outside of social work (i.e., psychologists and psychiatrists) are passively supportive ¶
  - → Events are moving forward, but it is a slow-moving site ¶
  - → At the site, there is still confusion about the intervention and how it's supposed to run ¶

*Before asking question #1, inquire about anything they might have told you during the prior debrief regarding what they planned to do.*

- e.g., "Last time you told us that [stakeholder] was really challenging the value of Caring Contacts and you planned to XXX. Tell me what has happened (or what you have done) since then."

1. How is implementation of Caring Contacts going at [name of site]? (e.g. fast/slow)
2. How would you describe where this site is in the overall process of implementation?



# Rational for the Analytic Approach

- Research question(s)
- Need to manage a very large qualitative data set across sites
  - Analysts located at: North Little Rock, Iowa City, Palo Alto
- Desire to minimize interpretation to increase analytic efficiency
- The skills and analytic expertise of a diverse team
- Need to capture a dynamic and shifting **process**, rather than static snapshots at each time point

## Agenda¶

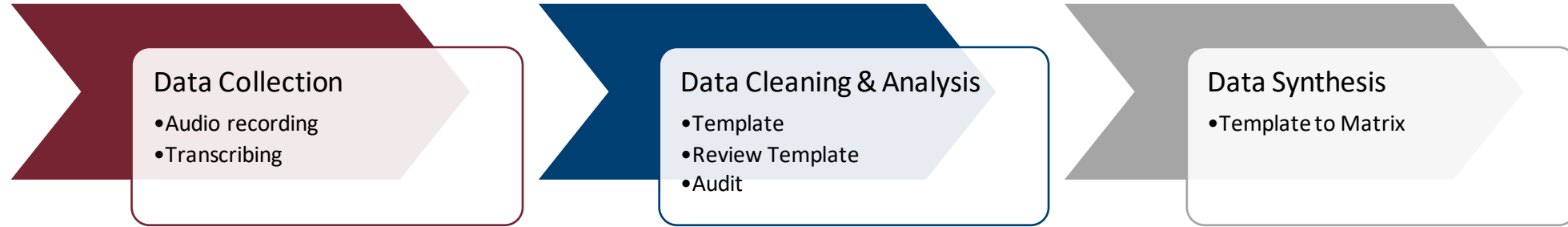
- 1)→Any key facilitation dates/activities (first contact, first implementation planning meeting, sustainment plan completed) for Barbara to know about?¶  
→ Still no process in place to "trigger" Barbara to schedule the first debrief. ¶
- 2)→Does Barbara need anything from the team?¶
- 3)→Reminder: Nyssa pulling data from fac-time tracking log¶  
→ Was the glitch with the time tracker worked out?¶
- 4)→Dyadic fac debriefs¶  
→ Did anything interesting occur during auditing (i.e., developed new categories, novel insights, or analytic drift)?¶  
→ Reminder: Dyadic debriefs occur **monthly** after the first CC has been sent¶  
→ Some debriefs still need auditing (DB10-436, DB15\_539, etc.)¶  
→ Jen's question about the sites¶  
→ Brandy's issue with moving audio files¶  
→ DB11, 436: it just goes down to how do you pick a site that is going to be needing additional resources that are going to be able to implement with less, and this is a site which you would have picked, frontier, eleven hours from one CBOC to the medical center, people scattered all over the place, and yet they have been able to pull it together even when being detailed home because of COVID. So, when we start thinking about factors that impact implementation, it's just very challenging to quantify those or even identify them in a manner which it is predictive. ¶  
→ Challenges translating research to practice ¶

# Overall Strategy

- Individual summary templates<sup>6,7</sup>
  - Deductive content analysis informed by theory and the literature
  - Inductive analysis attending to implicit or subtle processes / dynamics
- Site matrix displays (N=28)<sup>8</sup>
  - Longitudinal analysis of template data
- Data visualization



# Team-based Approach



Facilitators	Site & Debrief #	Date Audio Recorded	Date Transcribed	Date Templated	Date Track Changed	Track Changes Addressed	Issues Resolved	Date Saved Clean Template	Date Audited	Matrix Complete
	DB06_#695	8/19/2020	8/23/2020	9/2/2020	9/24/2020	10/9/2020	y	10/12/2020	n/a	y
	DB07_#695	10/1/2020	10/11/2020	10/14/2020	10/20/2020	11/2/2020	n/a	11/2/2020	n/a	y
	DB08_#695	10/14/2020	10/16/2020	10/19/2020	10/20/2020	11/2/2020	y	11/2/2020	n/a	y
	DB09_#695	11/5/2020	11/16/2020	11/17/2020	11/29/2020	12/1/2020	n/a	12/1/2020	11/19/2020	y
	DB10_#695	12/10/2020	12/13/2020	12/14/2020	12/18/2020	12/23/2020	n/a	12/23/2020	n/a	y
	DB11_#695	1/14/2021	1/19/2021	1/20/2021	1/22/2021	n/a	n/a	1/22/2021	n/a	y
	DB12_#695	1/28/2021	2/5/2021	2/8/2021	2/8/2021	2/8/2021	n/a	2/8/2021	n/a	y
	DB13_#695	2/11/2021	2/16/2021	2/22/2021	2/23/2021	2/24/2021	n/a	2/24/2021	n/a	y
	DB14_#695	2/25/2021	3/3/2021	3/5/2021	3/9/2021	3/9/2021	n/a	3/9/2021	3/11/2021	y
	DB15_#695	3/9/2021	3/17/2021	3/22/2021	3/25/2021	3/28/2021	n/a	3/28/2021	n/a	y
	DB16_#695	3/25/2021	4/1/2021	4/5/2021	4/7/2021	4/11/2021	y	4/14/2021	n/a	y
	DB17_#695	4/6/2021	4/6/2021	4/11/2021	4/14/2021	n/a	y	4/14/2021	n/a	y
	DB18_#695	4/29/2021	4/30/2021	5/3/2021	5/5/2021	5/9/2021	n/a	5/9/2021	n/a	y
	DB19_#695	5/13/2021	5/17/2021	5/24/2021						

# Template Analysis: Data reduction and organization

- Summarize and organize transcribed content in templates (tables) contained in Word docs
- Templates can be theoretically informed or goal-oriented
  - i.e., domains and categories borrowed from a theoretical framework, the literature, and/or research goals
- Templates focus analysis while permitting discovery
- Facilitates the efficient translation of findings into actionable results
  - e.g., recommendations for improving a process, scientific publications and presentations, etc.



# Example of a Template

i-PARIHS Framework

SITE FACILITATION	
INTERVIEWER	
ANALYSIS	Primary Analyst: Auditor:
SITE ID	
DATE OF DEBRIEF	
FACILITATORS	
DOMAINS	CATEGORIES
Contextual Factors / Site-Specific Knowledge Gained (barriers + facilitators to implementation)	<b>Clinic (Facility)-level factors</b> <ul style="list-style-type: none"> <li>- Culture</li> <li>- Clinic Size</li> <li>- Time/Workload</li> <li>- Skills and knowledge</li> <li>- Local support/Stakeholders/Opinion Leaders</li> <li>- Power and authority</li> <li>- Resources and support</li> <li>- Collaboration and Teamwork</li> </ul> <b>Regional (VISN)-level factors</b> <ul style="list-style-type: none"> <li>- Leadership structure</li> <li>- Communication with the field</li> <li>- Leadership support</li> </ul> <b>Organizational (VA)-level factors</b> <ul style="list-style-type: none"> <li>- Policy drivers, mandates, priorities</li> </ul> <b>External factors</b> <ul style="list-style-type: none"> <li>- Public health emergency</li> </ul>
Other Challenges or Facilitators	<b>Communication with site</b> <ul style="list-style-type: none"> <li>- Facilitator relationship / rapport with site</li> <li>- Power dynamics between facilitators and key stakeholders</li> <li>- Support from <u>other</u> facilitator, instrumental</li> <li>- Support from <u>other</u> facilitator, emotional</li> <li>- Facilitator time / workload / fatigue</li> <li>- Facilitator knowledge/skills</li> <li>- Emotional labor</li> <li>- Virtual facilitation</li> </ul> <b>Challenges translating research to practice</b> <ul style="list-style-type: none"> <li>-</li> </ul>
Facilitation Activities	
Unmet Needs	
Other	

Deductive categories based on IS literature



## i-PARIHS Framework

SITE FACILITATION	
INTERVIEWER	Jen
ANALYSIS	Primary Analyst: Jen Auditor:
SITE ID	695
DATE OF DEBRIEF	4-29-2021
FACILITATORS	1 and 2
DOMAINS	CATEGORIES
Contextual Factors / Site-Specific Knowledge Gained (barriers + facilitators to implementation)	<p><b>Clinic (Facility)-level factors</b></p> <ul style="list-style-type: none"> <li>- Culture                             <ul style="list-style-type: none"> <li>o Pace of implementation                                     <ul style="list-style-type: none"> <li>1. They are like so close to actually launching the program and having it up and running... They are just not making it</li> <li>2/ I think we described them as the Cha-Cha site. They are two steps forward, one step back</li> </ul> </li> </ul> </li> <li>- Time/Workload                             <ul style="list-style-type: none"> <li>There's been a lot dumped on [the champion] without having another lead or somebody in leadership saying, "I need you to do this. We need to get this done. Push it forward." I think without that for [the champion] it's not that she isn't interested or excited and wanting to do it, but it's just another thing of many things she is tasked with</li> </ul> </li> <li>- Skills and knowledge                             <ul style="list-style-type: none"> <li>o Regarding implementation with fidelity                                     <ul style="list-style-type: none"> <li>I'm trying to make sure they are documenting in the ways that they should be</li> </ul> </li> <li>o History of Caring Contacts                                     <ul style="list-style-type: none"> <li>I have a feeling it may be another site where they have picked up on suicide prevention's processes for their caring letters and similar to where they told us they knew what they were doing in terms of the SPED dashboard download, [but] then we learned that they weren't mulling with the right criteria</li> </ul> </li> </ul> </li> <li>- Local support/Stakeholders/Opinion Leaders                             <ul style="list-style-type: none"> <li>o Participation in implementation planning meetings                                     <ul style="list-style-type: none"> <li>I don't think we've talked to [the site lead] since the party started... I don't want to say she's fallen off the radar or out of the picture but she's definitely not in the ballroom.</li> </ul> </li> <li>o Staff turnover / attrition / absences                                     <ul style="list-style-type: none"> <li>[not being able to telework during COVID] has had a direct impact on turnover as well as just general morale too. So, you get people who are still there but they feel not well supported by their leaders and because there's turnover they get more and more put on them... they are exhausted and overwhelmed and just trying to make it through the days</li> </ul> </li> </ul> </li> </ul>

Deductive IS categories

Inductive categories developed from data from the field

Data (i.e., excerpt) from debriefs with facilitators

# Site Matrix Displays: Data synthesis and further reduction

- Site matrices organized in an Excel form by i-PARIHS domain (y axis) and time point (x axis)
- Populate fields with data from individual templates



# Site Matrix Displays

- Allowed for comparison of barriers and facilitators over time
  - i.e., which factors came into play, when factors came into play, for how long factors impacted implementation
- Insights from longitudinal analyses, summary of barriers and facilitators, and impactful statements placed in a separate tab
- Five key implementation events used to assess the pace of implementation
  1. Formative evaluation meeting
  2. Implementation planning meeting(s)
  3. Implementation planning guide finalized
  4. Caring Contacts launched
  5. Sustainment plan finalized



# Domain by Time Point Site Matrix

	A	O	P	Q	R	S
	Time Point 14	Time Point 15	Time Point 16	Time Point 17	Time Point 18	Time Point 18
1	<p><b>Clinic-level factors: Culture</b></p> <p><b>Pace of implementation</b>  <i>_[They were] holding off for scheduling the training until the materials were ready to go out.</i>  <i>_I keep thinking that this site is going forever and just needs to launch.</i></p> <p><b>Initiative taking/enthusiasm</b>  <i>_[The backup specialist is] an office support for suicide prevention, so this was her thing</i></p>	<p><b>Initiative taking/enthusiasm</b>  <i>_When I think about this site, if I was a leader there and I knew that this thing wasn't happening and because we are waiting on envelopes, I would go buy the envelopes myself... if you want this to happen, you find a way to get the envelopes</i></p> <p><b>Pace of Implementation Initiative taking/enthusiasm</b>  <i>_This is the site of unfortunate and avoidable delays that I don't understand. I think in some ways [waiting to do education until they have the envelopes is] another delay tactic, and I don't know if its bandwidth, time commitment, which is probably the most likely.</i></p>	<p><b>Initiative taking/enthusiasm</b>  <i>_They are also very proactive on their own. They feel empowered. It's been a real pleasure to work with them.</i></p> <p><b>Pace of implementation</b>  <i>_The site has been slow and steady, but it's been good. There's not been any contention. It's been pleasant all the way throughout. They just needed a gentle pushing</i></p>	<p><b>Pace of implementation</b>  <i>_We lost both [the champion and the specialist] to other positions and they are just slow anyway. We had those big delays and they are slow anyway... They seem ok with it</i></p>	<p><b>Initiative taking / enthusiasm</b>  <i>_The feeling for this site is kind of different than anyone I've worked with before.. What's different about this site, and I think it's just that the leader has been distracted because usually there's somebody at the site who is really saying, "We need this. Make it happen."</i></p> <p><b>Pace of implementation</b>  <i>_1: They are like so close to actually launching the program and having it up and running... They are just not making it</i>  <i>_2: I think we described them as the Cha-Cha site. They are two steps forward, one step back</i></p>	
2	<p><b>Clinic-level factors: Clinic size</b></p>		<p><b>Volume of cards to distribute</b>  <i>_[The old specialist did] the first pull on the SPED dashboard. She pulled the first eleven days in March, and in her criteria, she only got four veterans back</i></p>			
3	<p><b>Clinic-level factors: Time / Workload</b></p>		<p><b>Site adaptations</b>  <i>_their site has been setting up their own templates for CPRS...because of how they have it set up with the template takes next to no time to record. I said, "Next to no time?" And she said, "Yes, we can move through the list quickly."</i></p>	<p><i>_I think they do have some workload issues. This was one of those sites where they lost a lot of people because they didn't have a telework option. People were leaving because they were forced to stay home and take care of their kids.</i></p>	<p><i>_There's been a lot dumped on [the champion] without having another lead or somebody in leadership saying, "I need you to do this. We need to get this done. Push it forward." I think without that for [the champion] it's not that she isn't interested or excited and wanting to do it, but it's just another thing of many things she is tasked with</i></p>	
4	<p><b>Clinic-level factors: Skills &amp; knowledge</b></p>	<p><b>History of Caring Contacts</b>  <i>_I think somehow maybe by aligning our Caring Contacts with what they have already got, it just gets off course a little bit. Maybe that's why they are waiting. Maybe with their suicide prevention Caring Contacts they don't do education until they have something in place maybe they don't do it at all</i></p>	<p><b>Regarding implementation with fidelity</b>  <i>_It has taken a little bit of time to get to this point where we've overcome their belief that they were knowledgeable and skilled about everything that needed to be done...</i></p> <p><b>History of Caring Contacts</b>  <i>[They] had really good foundational knowledge</i></p>	<p><b>Regarding implementation with fidelity</b>  <i>_We've seen from them before that they are doing similar programs and said, "we've got this." When we got them to show us what they are doing, they don't quite have it and there is a need for correction... when we looked at the cards, they had changed the messaging... and when we went through the SPED dashboard again, they were just</i></p>	<p><b>Regarding implementation with Fidelity History of Caring Contacts</b>  <i>_I have a feeling it may be another site where they have picked up on suicide prevention's processes for their caring letters and similar to where they told us they knew what they were doing in terms of the SPED dashboard download, that's when we learned that they weren't pulling with the</i></p>	

# Three Sites, Three Patterns

- Case study 1: Rapid implementation
  - FE completed 5/04/2020
  - Caring Contact launched 3 months later, on 08/05/2020
- Case study 2: Delayed implementation
  - FE began on 5/13/2020, completed 5/29/2020.
  - Caring Contact launched 6 months later, on 11/06/2020
- Case study 3: Interrupted implementation
  - FE completed 7/27/2020
  - Caring Contact launch date initially delayed to Dec
  - Launch later delayed indefinitely

# Case Study 3: Interrupted implementation

## Facilitators

- ◆ Frontier site
  - ◆ Cohesive clinic culture
  - ◆ High degree of collaboration among staff
  - ◆ Experienced at collaborating virtually
  - ◆ Efficient flow of communication to facilitators
- ◆ Influential and motivated CC Champion
- ◆ Participation of clinic staff in implementation planning meetings

*“...they are used to just sending each other things and tasks and even though it’s spread out, they really truly work together [...] But they are quick, and they are cohesive, and they are really well integrated I think given their setting.”*

# Case Study 3: Interrupted implementation

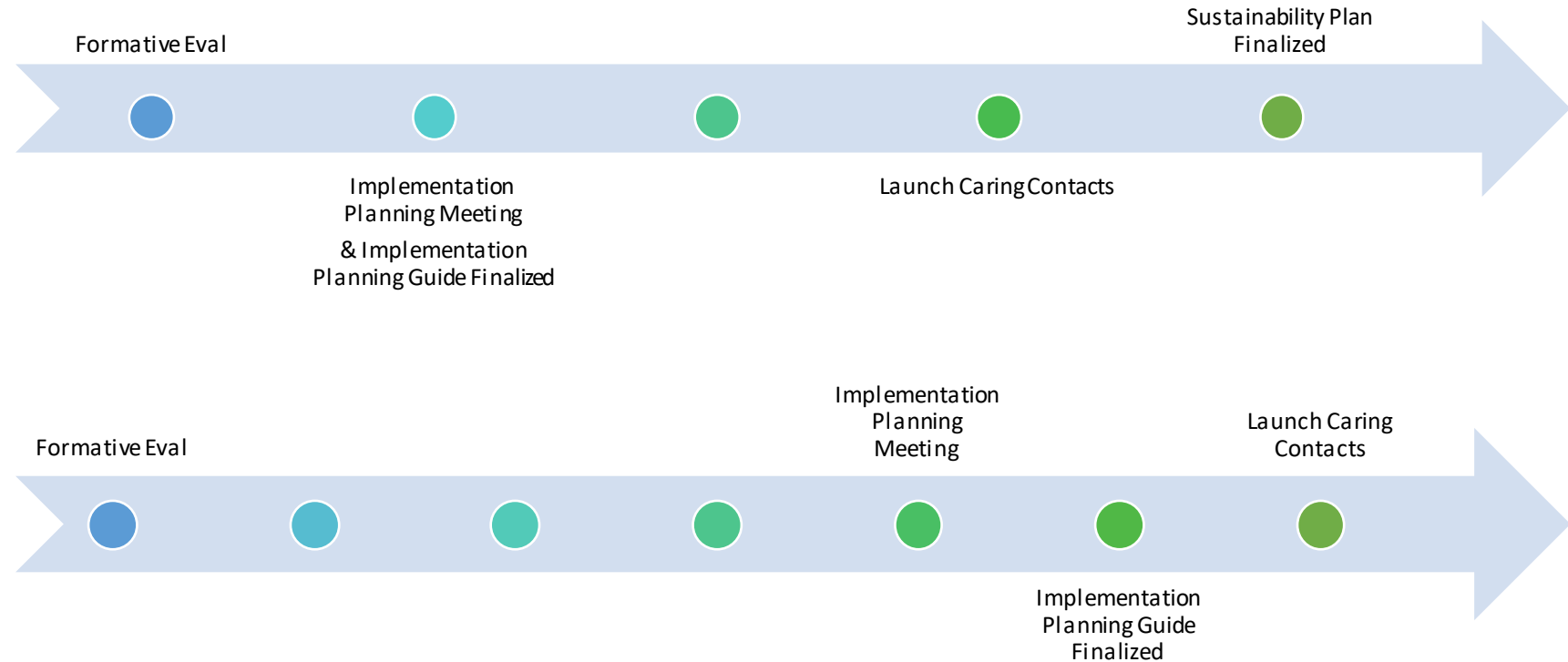
## Barriers

- Not initially linking suicide prevention screening with health factors
  - Could not identify appropriate Veteran population via the SPED dashboard
- Re-training on the SPED dashboard delayed by COVID, staffing shortages

*“I’m not sure how long we will be in the implementation phase because we can’t move forward until they are able to fix the health factor link to the Columbia.”*

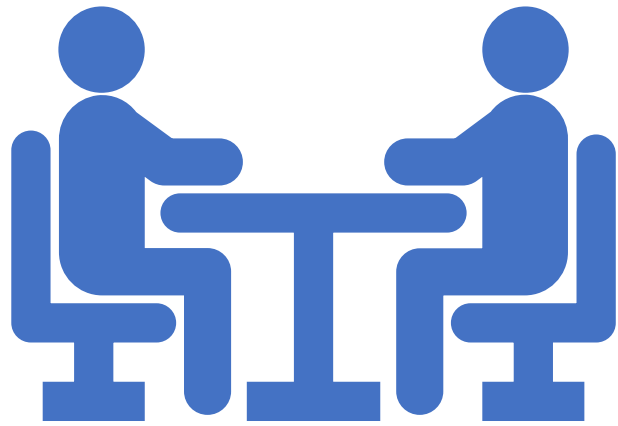


Plots five key implementation events along a graph to help assess variation in the pace of implementation across sites



**Guide: One dot = One month**

# Unexpected insights



- What constitutes a barrier (or facilitator) at one site can function as a facilitator (or barrier) at another
- Even sites with every advantage in place can experience delays in implementation
- These insights have implications for efforts to develop instruments by which to gauge implementation readiness and select sites for implementation of interventions
  - It will be challenging to operationalize concepts such as barriers and facilitators
  - Site “readiness” changes through time and during the course of implementation

# Advantages of the Overall Approach

- Allows implementation to emerge as a dynamic process
- Lends insights into how factors interacted at different time points
- Permits initial findings to be used to inform facilitation and/or implementation
- Facilitates cross-site comparisons
- Avoids issues related to updating and sharing software across VA sites
- Established rigor during the analytic process

# Challenges Experienced

- Reducing the data (rather than coding it)
- Pausing to "sink in" during analysis
  - i.e., reading deeply into the transcripts rather than floating at the surface
- Adjusting the timeline for visualizations when debriefs have been re-scheduled
- Keeping data visualizations up-to-date

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