Psychological interventions can play a powerful role in enabling cancer patients to successfully cope with diagnosis and treatment. Mental health professionals have the ability to help patients affected by cancer reduce their emotional distress, thereby improving patients' quality of life and health.

*From Cancer to Health™ (C2H) is the first evidence-based biobehavioral intervention designed for people recently diagnosed with cancer available for specialty training.* This no-cost training equips healthcare professionals to teach patients how to improve coping and adjust emotionally to the unique challenges they face—from diagnosis to survivorship.

**How mental health care professionals will benefit from attending the Training Institute:**

► Learn an evidenced-based biobehavioral intervention specifically designed for recently diagnosed cancer patients to enhance your professional practice.

► Participation in lecture-style presentations from instructors who are experts in the C2H intervention, including its developer, Dr. Barbara L. Andersen.

► Hands-on opportunities to practice C2H therapeutic techniques with feedback from C2H experts.

► Exclusive access to the C2H therapist manual and companion patient manual to use in your professional practice.

► Continuing support available from instructors and other attendees for using the C2H therapeutic techniques after the conclusion of the training institute.

**Next Institutes:**

May 20-22, 2014
and August 12-14, 2014

Please visit our website for more information on CE credits and how to apply. Application site is now open!
RE-Aim Model used to Conceptualize how to Conduct and Evaluate Empirically Supported C2H

Cancer to Health: The Biobehavioral Intervention Training Institute

In 1994, we proposed a biobehavioral model for understanding the relationship between the stress of cancer diagnosis and treatment and subsequent disease progression. A randomized clinical trial was designed to test the hypothesis that patients receiving a psychological intervention designed to reduce stress and enhance quality of life would show improved disease outcomes compared to patients who received usual care. Significant reductions in distress and improvements in social adjustment, health behaviors, treatment adherence and health were found for the Intervention arm, along with enhanced T-cell immunity. Intervention participants were also found to have a reduced risk of breast cancer recurrence and breast cancer death following recurrence. The universality of its treatment components, coupled with strong empirical support make the Biobehavioral Intervention a reasoned treatment choice for dissemination.

The RE-Aim model provides pathways for a comprehensive educational training and evaluation plan to achieve a superior workforce to aide the growing numbers of cancer survivors.

► **Reach** entails specifying the target population for training to allow for selection of participants who are representative of clinicians in the community. To ensure adequate reach, our goal is to solicit and enroll N=320 trainees from diverse backgrounds.

► **Effectiveness** refers to the assessment of both positive and negative short- and long-term outcomes. For the present study, effectiveness will be measured comprehensively (e.g., ratings of trainees’ knowledge of C2H components, satisfaction with C2H, intent to use C2H, self-efficacy) to ensure transfer of training to the workplace.

► **Adoption** refers to the proportion of individuals/institutions that adopt a given program. To ensure adequate adoption, trainees must provide proof of institutional support prior to attending C2H. Further, trainees will be provided support from C2H staff in the form of bi-yearly conference calls, a web-based discussion board, and newsletters to assist trainees in utilizing C2H and addressing barriers to adoption.

► **Implementation** entails ensuring that a program is delivered as intended, maintaining the integrity of the program. To facilitate implementation, trainees will be provided with treatment manuals and assisted in adapting C2H to trainees’ home institutions and with the trainees’ unique patient clientele. Trainees’ actual usage of the intervention will be evaluated with trainees reporting their delivery and usage of treatment components.

► **Maintenance** involves evaluating the lasting effects of the program for the trainees and their patients, as well as the use of the program at the trainees’ home institution. C2H manuals will be published and empirical reports of Institute, trainees, and patient outcomes will be presented at scientific meetings and submitted for publication.


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