

# IMPLEMENTATION AND SUSTAINABILITY OF CBT FOR PSYCHOSIS (CBT-P): FROM IDEAL MODELS TO REAL WORLD APPLICATIONS

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## OVERVIEW

- The desire impact of evidence based practice
- CBT-p defined, outcomes and implementation models
- Implementation from different perspectives
  - Front-line provider
  - Consultant and Trainer
  - Funder
- Audience discussion and summary of ideas

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## THE AIM: RECOVERY

- SAMHSA working definition:
  - *A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential*
- Operationalized in different ways
  - Client
  - Provider
  - Funder

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## WHAT DO INDIVIDUALS WITH SCHIZOPHRENIA WANT FROM TREATMENT?

- Schizophrenia commission report (2012) indicates that consumers want:
  - To be listened to
  - Have their experiences validated
  - To be seen as a person
  - To be given hope
- More information and choice and collaboration in treatment
- Regaining sense of self and rebuilding lives with optimism



Adapted from: Brabban, et al., (2017). The importance of human relationships, ethics and recovery-oriented values in the delivery of CBT for people with psychosis. *Psychosis*, 9, 157-166.

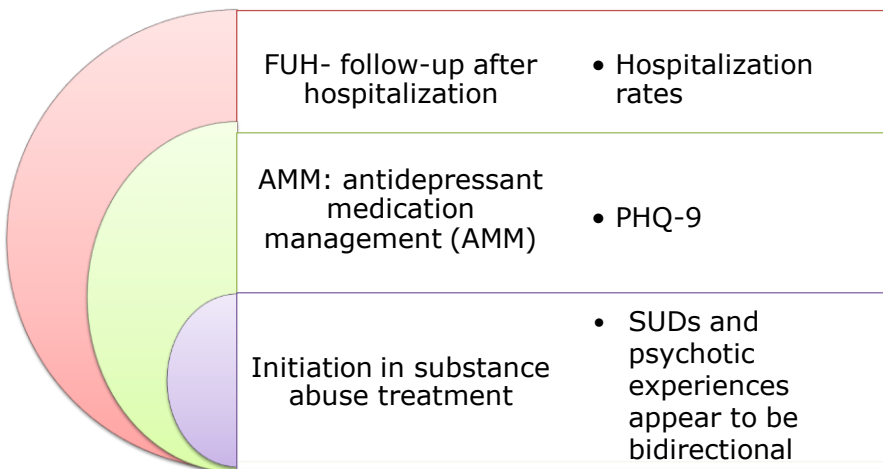
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## RECOVERY OUTCOMES THAT MATTER TO THE CLIENT



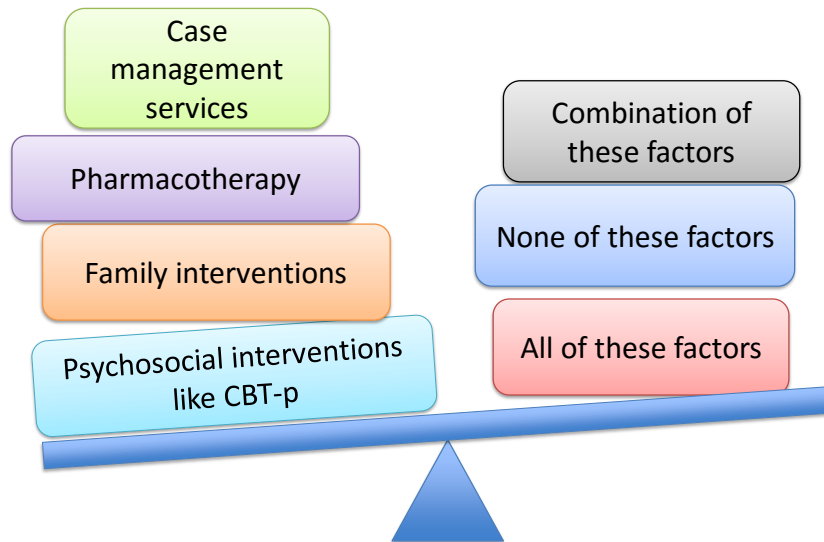
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## RECOVERY OUTCOMES FOR INSURERS (HEDIS)



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## THE BIG QUESTION- WHICH SERVICES WILL LEAD TO "RECOVERY" OUTCOMES?



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## WHAT IS COGNITIVE BEHAVIORAL THERAPY FOR PSYCHOSIS (CBT-P)?



CBT is one form of psychotherapy that has demonstrated effectiveness with a wide range of symptoms and illnesses



This approach is person-centered, collaborative, structured, and provides many strategies for addressing symptoms and promoting mental health.

- Adapted using recovery principles for psychosis
- Relational, flexible, meaning-making



Scope: delivered by licensed therapists with appropriate training

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## WHY CBT-P FOR SCHIZOPHRENIA?

Roughly 25 – 50% of individuals diagnosed with a schizophrenia-spectrum illness continue to experience persistent symptoms despite adherence to medication (Gould et al.), 2001

CBT-p is recommended to help ease the distress of psychotic symptoms (see PORT and NICE guidelines)

## HOW EFFECTIVE IS CBT-P?

CBT-p shows benefits for treating psychotic symptoms

Wykes et al., (2008)- small-medium effect sizes across symptoms

- Effect size for positive symptoms (24 studies) = **0.40**
- Effect size for “rigorous” RCTs (12 studies) = **0.22**

Burns et al (2014) - medication resistant patients (12 studies)

- Average effect size for positive symptoms = **0.43** (blinded)
- Follow-up assessment (3-18 months) = **0.41**
- Note: Effect sizes: small = 0.20; medium = 0.50; large = 0.80 (Cohen, 1988)

Wykes, *Schizophr Bull.* 2008 May;34(3):523-37.

Burns, *Psychiatr Serv.* 2014 Jul;65(7):874-80.

Cohen, J. (1988). *Statistical power analysis for the behavioral sciences* (2<sup>nd</sup> ed.). Hillsdale, NJ: Lawrence Erlbaum Associates

## HOW DOES CBT-P COMPARE TO OTHER APPROACHES?

Turner et al. (2014) - Befriending; CBT-p; Cognitive Remediation; Psychoeducation; Social Skills Training; Supportive Counseling

### Outcomes

- CBT-p better in reducing positive symptoms ( $g = 0.16$ )
- CBT significantly better compared to
  - Befriending for overall symptoms ( $g = 0.42$ )
  - Supportive counseling for positive symptoms ( $g = 0.23$ )

Social Skills training showed a small but relatively robust superiority in reducing negative symptoms ( $g = 0.27$ )

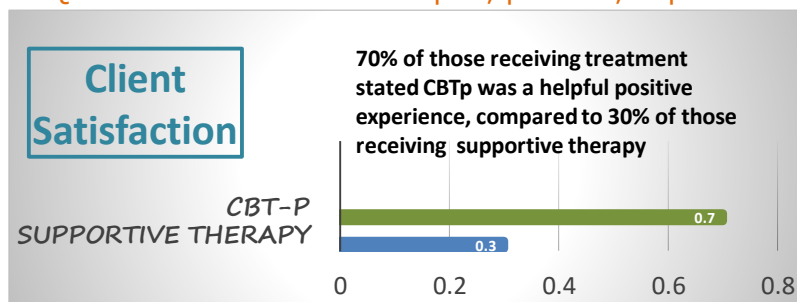
Turner. *Am J Psychiatry*. 2014 May;171(5):523-38.

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## CLIENT SATISFACTION WITH CBT-P

- Between 70% and 90+% of clients who have completed CBT-p reported that they were satisfied with therapy
- Q: Was the treatment a helpful, positive, experience?



Durham. *Br J Psychiatry*. 2003 Apr;182:303-11.  
 Miles. *Behavioural and Cognitive Psychotherapy*. 2007. 35; 109-16.  
 Lawlor. *Br J Clin Psychol*. 2017 Mar;56(1):84-102.

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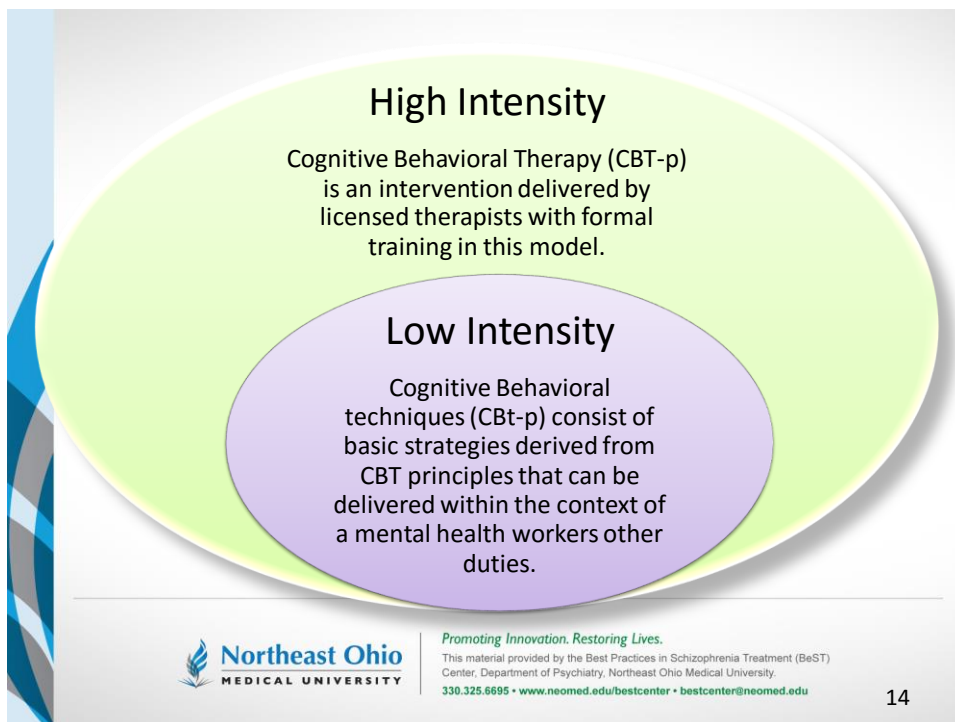
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## AN OPTIMISTIC SUMMARY

CBT-p offers a modest but meaningful benefit in reducing symptoms compared to TAU	
Most rigorously tested form of individual therapy for psychosis	“Third Wave” CBTp includes mindfulness
CBT-p is a recovery-oriented treatment	CBTp reduces distress even if client still has symptoms
Clients are very satisfied with CBT-p	

Chan. *Schizophrenia Bulletin*. 2017. Freeman. 2014.  
Peters.2015.

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# CONCEPTUAL MODELS FOR CBT-P IMPLEMENTATION

## ACCESS

Stepped-Care models  
User Centered Design

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## ACCESS MODEL

- **Assess /Adapt**- Tailor training program to the agency
  - Assess agency readiness and needed adaptations
  - Engage clinicians and asses baseline CBT skills
  - Spell out the role, expectations, and limitations of consultant
- **Convey** the basics in Training. Clinicians prefer:
  - Focused, clearly describe theoretical rationales, include examples and describe solutions to frequently encountered problems during treatment.
- **Consult**- translate basic learning to sustained practice
- **Evaluate** work samples
  - Negotiate minimum number for successful completion
  - Preliminary guidelines- 6 months training and 15 sessions reviewed for feedback
- **Study** the outcomes- work with agency to define outcome

(Stirman et al., 2010)

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## CBT-P STEPPED CARE AS SERVICE DELIVERY AND IMPLEMENTATION

- Principle 1: Decisions about level of placement are based on structured professional judgment and shared decision-making.
- Principle 2: Level of CBT-p treatments are discrete
  1. Low Intensity- use of strategies informed by CBT-p principles by a variety of providers
  2. Group CBT-p
  3. High Intensity (formulation based CBT-p)
    - Prioritize learners with Masters Degree and above and prior training in CBT

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## CBT-P STEPPED CARE AS AN IMPLEMENTATION MODEL

- Principle 3: CBT-p Stepped Care is structured but flexible
  - Start with least intensive service needed for level of distress determined by assessment
  - Stepped up or down depending upon routine monitoring
  - Other variations
    - Start with low intensity for all and stepped up to higher intensity (UK)
    - Contemporaneous- low and high intensity options (characteristic of many coordinated specialty care teams for early intervention for psychosis; FIRST)
- Kopelovich, Strachan, Sivec, and Kreider (2019)-

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## ESSENTIAL ELEMENTS AND COMMON CHALLENGES WHEN IMPLEMENTING CBT-P

Training level  
Systems level  
Outcomes level

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### TRAINING AND WORKFORCE DEVELOPMENT

- **Ideal model**: staff are...
  - Voluntary and remain within the agency
  - Trained in CBT prior to learning CBT-p
  - Ensured set-aside time for learning CBT-p
  - Committed to learning CBT-p to fidelity
- **Real world challenge**: staff are...
  - Often “Voluntold” rather than voluntary
  - Often not formally trained in CBT
  - Limited in experience working with psychosis
  - Likely to change jobs; > 30% per year
  - Mixed commitment to learning CBT-p to fidelity

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## SYSTEMS AND ORGANIZATION LEVEL

- **Ideal model:**

- Organization has previous experience with implementing and sustaining EBP
- Buy-in from multiple stakeholders and funding to cover lost productivity
- Leadership team is equipped to introduce new practice and have ability to make workflow changes to support new intervention based on data (see Torrey et al, 2012)
- Routine outcome monitoring is in place as well as other quality improvement processes

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## SYSTEMS AND ORGANIZATION LEVEL

- **Real world challenge:**

- Agencies have limited experience implementing evidence based practices
- Wide variation in organizational readiness (e.g., agency climate, culture, etc.)
  - Difficulty aligning resources
- Fiscal challenges- difficulty paying for lost productivity time of staff during training
  - **#1 challenge**

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## EXAMPLE: ESTIMATE FOR LOST PRODUCTIVITY

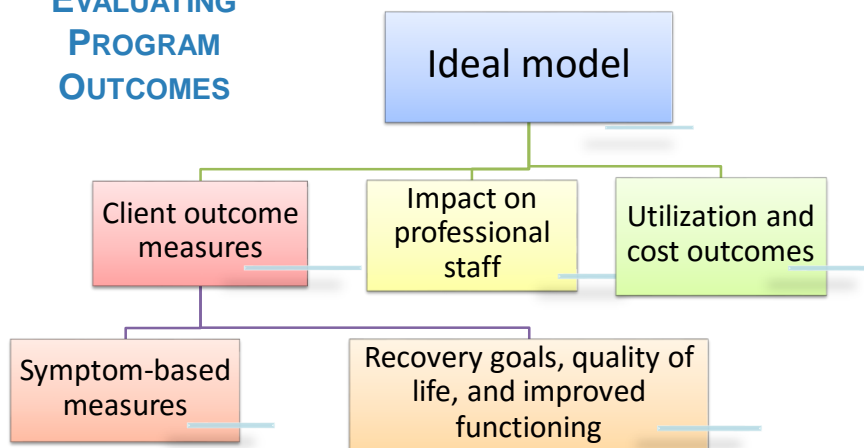
***Rough* cost estimate for lost productivity: \$2, 000 per employee for training time (in year 1)**

Counselor (at 50% productivity)	\$102.31* 60+ mins	= \$51 x 40 hours	\$2,040+ per counselor
CPST (at 50% productivity):	\$85.32* per hour	= \$43 x 40 hours	\$1,720+ per CPST

Estimate for 8 team members:  
\$16,000+

\*Based on previous Medicaid billing rates without factoring in overhead costs

## EVALUATING PROGRAM OUTCOMES



## PROGRAM OUTCOMES

### Real world challenges

- Service Outcomes:
  - Limited systems in place to assess client outcomes
  - When present, outcomes are mainly used in aggregate and tend to be symptom based.
  - Limited training in and use of routine outcome measurement to inform treatment
- Implementation Outcomes:
  - Staff retention
  - Fidelity to the model versus drift (flexible fidelity vs. inconsistent adaptations)
  - Reach/Penetration of evidence-based practice within an agency and/or across agency sites

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## PANEL DISCUSSION FROM DIFFERENT PERSPECTIVES

- Front-line
- Consultant Trainer
- Managed Care
- County Board
  
- Framework: identify challenges and discuss ideas to improve implementation

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## A FRONT LINE PERSPECTIVE

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### LIFE ON THE CLINICAL FRONT LINE

- What is needed to learn an EBP like CBT-p?  
(from Striman, 2013)
  - A sense that training will address a current need
  - Assurance that reduced productivity due to training and consultation will not count against staff.
  - The appeal and usability of the intervention
    - Does the approach work with psychosis?
    - Can I use this approach?

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## AS A FRONT LINE PROVIDER....

- Personal reflection- when fidelity is rigidly adhered to
  - Creates the thought that previous training isn't respected
  - Allows for little creativity
  - Creates anger and criticism between supervisors and staff
- CBTp allows for collaboration between the clinician and the supervisor
- The client/clinician relationship is necessary, respected, and valued

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## EVIDENCE BASED PRACTICE- THINKING THROUGH WORKING TO FIDELITY: PERSONAL REFLECTIONS

Our counseling culture has taught us that if we go to a workshop, then we are trained in that concept or technique

I thought I was practicing "to fidelity"

I got frustrated with "fidelity" because the new technique was not working

I still held on to my values and my theoretical orientation

Until...I understood that ongoing monitoring and supervision was critical – this is hard work and requires a solid foundation

Implementing CBTp (or other EBP) is much easier when the organizational culture of treatment supports psychotherapeutic interventions for psychosis

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## FRONT LINE PERSPECTIVES



- Providers do not always trust EBP
  - Perception of rigid fidelity structure
    - Perception of emphasis on narrow mastery of techniques versus a more holistic approach
  - Real world is different than research trials
    - We can't exclude a client from our case load because he/she doesn't fit the inclusion criteria
  - When a clinical study is conducted:
    - Time to train the providers to fidelity
    - Individuals who will decide who is appropriate for the treatment protocol and who is not
    - Money, time, appropriate supervision

Jones, N., et al.

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## FRONT LINE PERSPECTIVES

- Evidence based practices are often difficult to learn and require a lot of training and supervision without commensurate pay
- Community agencies tend to concentrate on:
  - Independent living
  - Substance use
  - General wellbeing
- Research trends for treatment of psychosis suggest emphasis on medications without psychotherapy

Jones, N., (2019)

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## FRONT LINE PERSPECTIVES

When imposed too rigidly, clinicians tend to feel researchers aren't in touch with front line issues

It can feel like the EBP is dictating how to perform a particular practice rather than informing the practice that is already being done

Clinicians and providers tend to hold onto their clinical values no matter what policy dictates

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## WHAT IS IMPORTANT TO THE PROVIDER

Whatever the EBP, therapists and case managers consistently report that the therapeutic relationship is at the heart of recovery for the client

Providers tend to hold the belief that manualized treatment should be used in a flexible manner

Interventions need to be individually tailored to address client and need

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## HOW TO RESPOND TO FRONT LINE CONCERNS

Clinicians sometimes doubt that CBTp really works for psychosis – more education is needed

There is a misperception that CBTp works only for those clients who have low level symptoms and high functioning

CBTp has been demonstrated to be effective at different stages of the illness – even for those clients who appear to be “treatment resistant”<sup>1</sup>

CBTp works only in studies – but not in real life!

For those of us who use CBTp regularly, we can see the positive change in our patients

There are many studies that show CBT-p is helpful<sup>2</sup>, and sometimes even without medication<sup>3</sup>

CBTp is not the only EBP – there are many to choose from

There are many CBTp like therapies that are available – CET, Social Skills Training, Acceptance and Commitment Therapy for SZ, but CBT is the anchor orientation

<sup>1</sup>Lecomte, T., et al. 2018; Hazell, C., et al. 2016<sup>3</sup>; Morrison, A., et al. 2014

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## HOW TO RESPOND TO FRONT LINE CONCERNS

Inform and educate

Listen to your staff – validate and work with their concerns and attitudes

Create an organizational culture that can utilize and follow up on CBTp training

Give staff time off with-out productivity penalties for training and follow-up consultation

Provide solid training and supervision and monitoring by experts in CBTp

Know that a 2 or 3 day workshop in CBTp does not a CBTp team make – ongoing supervision and consultation is needed, often for longer than a year

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## LETS WORK TOGETHER TO PROVIDE EXCELLENT TREATMENT FOR SCHIZOPHRENIA

Schizophrenia is complicated  
and potentially life disabling

When we treat other severe  
illnesses (cancer, MS, COPD, cystic  
fibrosis), we send in providers who  
believe in the treatment they  
provide, and work toward  
becoming an expert

Schizophrenia is listed as  
one of the 12 most  
debilitating illnesses and  
we need to help treatment  
providers develop a sense  
of confidence or expertise  
in using the EBP we believe  
works best.

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## A CONSULTANT AND TRAINER PERSPECTIVE

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## FROM THE CONSULTANT AND TRAINER PERSPECTIVE

- Trainee self-report of CBT orientation did not predict observed baseline fidelity rating (Creed, et al., 2014)
- Self-study and workshop training alone are not enough to develop competence (Sholomskas, 2005)
- Trainees need to be voluntary (Stirman, et al 2013)
  - Openness to learning EBP correlated with fidelity consistent adaptations (Stirman et al 2015a)

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## FROM THE CONSULTANT AND TRAINER PERSPECTIVE

- What seems to work:
  - Practice combined w/self-reflection & feedback
    - One-third of training dedicated to behavioral rehearsals (Beidas, Cross, and Dorsey, 2014 in Park, Guan, et al., 2016)
  - Consultation models that encourage groups to review a specific session correlated with better treatment outcome (Miller et al., 2004; cited in Stirman et al., 2017).
    - Need for cohesive, supportive learning groups (internal champions and safe consultation space)
  - Modular training- Competency training in specific areas (based on client need)

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## USER-CENTERED REDESIGN CAN HELP US THINK ABOUT IMPROVING OUR TRAINING

- Usability: extent to which an approach can be used by specified user to achieve a specified goal with effectiveness, efficiency, and satisfaction
- Determinants of usability?
  - Flexibility
  - Learnability
  - Intuitive appeal to clinicians

Lyon & Bruns (2018); Stirman (2015a).

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## USER-CENTERED REDESIGN CAN HELP US THINK ABOUT IMPROVING OUR TRAINING

- Focus on ways to adapt and simplify EBP and still confer a significant therapeutic benefit (flexible fidelity)
- The “A” part of the ACCESS model
  - *Assess and Adapt*
  - Risk is drift into fidelity-inconsistent modifications (see Stirman, et al, 2015a)
  - Tendency to drift is related to openness to learning- back to importance of selecting volunteers who are supported by their agency!

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## FUNDER PERSPECTIVES

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### FROM THE FUNDERS PERSPECTIVE

- Ideal: Funding is provided to directly and adequately support evidence-based practices that can be applied to a specific challenge/problem with a way to measure impact of intervention.
- Real world challenges:
  - Agencies and funders may have different understanding of the problem and what it will take to resolve the challenge.
    - Defining the problem and proposed solution in a clear, objective way that makes sense to funders agencies and providers.

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## INTRODUCTION

- Prior role within agencies
- Current role
- Similarities and differences in current role as it relates to shared goal to improve outcomes

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## MODEL FOR FUNDING AN EBP INITIATIVE

- Managed care initiatives
  - Briefly define model
  - Real world application
  - Processes and strategies to consider

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## INTRODUCTION

- EBP coordinator within a county Board
- Oversee EBP implementation system wide
  - Agencies, university, and consultant-trainers
- Proto-type role
  - Note on aligning staff, supervision, and administration
  - Note on win-win goals to support sustainability
  - Role of funding and accountability

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## MODEL FOR FUNDING AN EBP INITIATIVE

- Value Based purchasing
  - Brief definition
  - Real-world application
  - Processes and strategies to consider

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## SYNTHESIS AND SUMMARY PANEL DISCUSSION WITH AUDIENCE

- Common themes
- Promising practices
- Innovative ideas
- Workforce development and retention
- Partnership possibilities
  - Boards and managed care
- Additional funding options

## REAL WORLD APPLICATIONS: LESSONS LEARNED

- For trainees:
  - Voluntary is essential
  - Both trainee and organization commit to “X” level of training and support spelled out before training starts
- For trainers and consultants:
  - Tailor EBP to practice setting (flexible fidelity)
  - Lots of demonstration and practice
  - Small group learning consultations

## REAL WORLD APPLICATIONS: LESSONS LEARNED

- Organizations
  - Select a strong leadership team empowered to make changes to lead implementation
  - Planning needs to be long-term (3-5 years) and directly address funding challenges
- Funding
  - Effectively communicate need and plan
  - Align funding with desired outcomes measures

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## THANK YOU AND CONTACT INFO

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## NEOMED DEPARTMENT OF PSYCHIATRY CENTERS of EXCELLENCE



Best Practices in Schizophrenia Treatment  
(BeST) Center  
*Promoting Innovation. Restoring Lives.*

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### BEST PRACTICES IN SCHIZOPHRENIA TREATMENT (BEST) CENTER AT NEOMED

#### The BeST Center's mission

- Promote recovery and improve the lives of as many individuals with schizophrenia as quickly as possible
- Accelerate the use and dissemination of effective treatments and best practices
- Build capacity of local systems to deliver state-of-the-art care to people affected by schizophrenia and their families

#### The BeST Center offers

- Training
- Consultation
- Education and outreach activities
- Services research and evaluation

#### The BeST Center was established

- Department of Psychiatry, Northeast Ohio Medical University in 2009
- Supported by Peg's Foundation and other private foundations and governmental agencies

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## BEST PRACTICES IN SCHIZOPHRENIA TREATMENT



Coordinated Specialty Care  
for First Episode Psychosis



Cognitive Behavioral Therapy  
for Psychosis



Family Education  
and Support



Integrated Primary and  
Mental Health Care



Pharmacotherapy for  
Schizophrenia



Cognitive Enhancement Therapy

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## REFERENCES

- Burns, A., Erickson, D., Brenner, C. (2014). Cognitive-behavior therapy for medication resistant psychosis: A meta-analytic review. *Psychiatric Services*, 65, 874-880.
- Chan. *Schizophrenia Bulletin*. 2017. Doi:10.1093/schbul/sbx120
- Cohen, J. (1988). *Statistical power analysis for the behavioral sciences* (2<sup>nd</sup> ed.). Hillsdale, NJ: Lawrence Erlbaum Associates.
- Creed, T., Wolk, C., Feinberg, B., Evans, A., Beck, A. (2014). Beyond the label: Relationship between community therapists' self-report of a cognitive behavioral therapy orientation and observed skills. *Adm Policy Ment Health*, published online. DOI: 10.1007/s10488-014-0618-5.
- Dixon, L. B., Dickerson, F., Bellack, A. S., Bennett, M., Dickinson, D., Goldberg, R. W., . . . Kreyenbuhl, J. (2010). The 2009 schizophrenia PORT psychosocial treatment recommendations and summary statements. *Schizophrenia Bulletin*, 36(1), 48-70.
- Durham, R. C., Guthrie, M., Morton, R. V., Reid, D. A., Treliving, L. R., Fowler, D., & Macdonald, R. R. (2003). Tayside-Fife clinical trial of cognitive-behavioural therapy for medication-resistant psychotic symptoms. Results to 3-month follow-up. *British Journal of Psychiatry*, 182, 303-311.
- Freeman, et al., (2014). An early Phase II randomized controlled trial testing the effect on persecutory delusions of using CBT to reduce negative cognitions about the self: The potential benefits of enhancing self-confidence. *Schizophrenia Research*, 160, 186-192.
- Gould, R.A., Mueser, K.T., Bolton, E., Mays, V. & Goff, D. (2001). Cognitive therapy for psychosis in schizophrenia: An effect size analysis. *Schizophrenia Research*, 48, 335-342.
- HealthCare Business and Technology, (April, 2012). 12 mo

## REFERENCES CONTINUED

- Kopelovich, S.L., Strachan, E., Sivec, H., Kreider, V. (2019). Stepped care as an implementation and service delivery model for cognitive behavioral therapy for psychosis. *Community Mental Health Journal*, published online first; doi.org/10.1007/s10597-018-00365-6.
- Lawlor, C., Sharma, B., Khondoker, M., Peters, E., Kuipers, E., Johns, L. (2017). Service users' satisfaction with cognitive behavioral therapy for psychosis: Associations with therapy outcomes and perceptions of the therapist. *The British Journal of Clinical Psychology*, 56, 84-102.
- Lecomte, T., Samson, C., Naeem, F., Schachte, L., Farhall, J. (2018). Implementing Cognitive Behavioral Therapy for Psychosis: An international survey of clinicians' attitudes and obstacles. *Psychiatric Rehabilitation Journal*, (41)2, 141-148.
- Lincoln, T., Ziegler, M., Mehl, S., Kesting, M-L., Lullmann, E., Westermann, S. & Rief, W. (2012). Moving from efficacy to effectiveness in cognitive behavioral therapy for psychosis: A randomized clinical practice trial. *Journal of Consulting and Clinical Psychology*, 80, 674-686.
- Lyon, A.r., & Bruns, E.J. (2018). User-centered redesign of evidence-based psychosocial interventions to enhance implementation-Hospitable soil or better seeds? *JAMA*, 76, 3-4.
- Miles, H., Peters, E. & Kuipers, E. (2007). Service-User satisfaction with CBT for Psychosis. *Behavioural and Cognitive Psychotherapy*, 35, 109-116.
- Park, A., Guan, K., Kanuri, N., Wiltsey-Stirman, S., Chorpita, B. (2016). How to not train in vain: recommendations for training community clinicians. *The Behavior Therapist*, 3-13.

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## REFERENCES CONTINUED

- OCDUK. (June 2017), and published online June 2018. <https://www.ocduk.org/ocd/world-health-organisation/>
- Pasman, J., Verweij, D., Gerring, Z., Stringer, S., Sanchez-Roige, S., Treur, J.,...Vink, (2018). Genome-wide association analysis of lifetime cannabis use (N=184,765) identifies new risk loci, genetic overlap with mental health, and a causal influence of schizophrenia on cannabis use. bioRxiv, Jan. 8, 2018. <http://dx.doi.org/10.1101/234294>
- Peters, E., et al., (2015). The long-term effectiveness of cognitive behavior therapy for psychosis within a routine psychological therapies service. *Frontiers in Psychology*, 6, 1-11. Doi: 10.3389/fpsyg.2015.01658.
- Spencer, H., McMenamin, M., Emsley, R., Turkington, D., Dunn, G., Morrison, A.,...Dudley, R. (2018). Cognitive Behavioral Therapy for antipsychotic-free schizophrenia spectrum disorders: Does therapy dose influence outcome? *Schizophrenia Research*, 202, 385-386.
- Stirman, S.W., Gutierrez-Colina, Toder, Esposito, Barg, Castro, Beck, Crits-Christoph (2013). Clinicians Perspectives on Cognitive Therapy in Community mental Health Settings: Implications for training and implementation. *Adm Policy Ment Health*, 40, 274-285.

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## REFERENCES CONTINUED

- Stirman, S.W., Gutner, C., Crits-Christoph, Edmunds, J., Evans, A., & Beidas, R. (2015a). Relationships between clinician-level attributes and fidelity-consistent and fidelity-inconsistent modifications to an evidence-based psychotherapy. *Implementation Science, 10*, 1-10.
- Stirman, S.W., Matza, A., Gamarra, J., Todder, K., Xhezo, R., Evans, A.C.,... Creed, T. (2015b). System level influences on sustainability of a Cognitive Therapy Program in a Community Behavioral Health Network. *Psychiatric Services, 66*, 734-742
- Torrey, W.D., Bond, G.R., McHugo, G.J., Swain, K. (2012). Evidence-Based Practice Implementation in Community Mental Health Settings: The relative importance of key domains of implementation activity. *Admin Policy Mental Health, 39*,353-364.
- Turner, D.T., van der Gaag, M., Karyotaki, E., Cuijpers, P. (2014). Psychological interventions for psychosis: a meta-analysis of comparative outcome studies. *American Journal of Psychiatry, 171*(5), 523-538.
- Wykes, T., Steel, C., Everitt, B., & Tarrier, N. (2008). Cognitive behavior therapy for schizophrenia: effect sizes, clinical models, and methodological rigor. *Schizophrenia Bulletin, 34*(3), 523-537.