

2-5-2026

Staff Education on Evidence-Based Cognitive Behavioral Therapy for Clinicians at an Outpatient Mental Health Clinic

Ezinwanne J. Irobereachi
Walden University

Follow this and additional works at: <https://scholarworks.waldenu.edu/dissertations>

This Dissertation is brought to you for free and open access by the Walden Dissertations and Doctoral Studies Collection at ScholarWorks. It has been accepted for inclusion in Walden Dissertations and Doctoral Studies by an authorized administrator of ScholarWorks. For more information, please contact ScholarWorks@waldenu.edu.

Walden University

College of Nursing

This is to certify that the doctoral study by
Ezinwanne Judith Irobereachi
has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

Review Committee

Dr. Catherine Garner, Committee Chairperson, Nursing Faculty

Dr. Robert McWhirt, Committee Member, Nursing Faculty

Chief Academic Officer and Provost

Sue Subocz, Ph.D.

WaldenUniversity

2026

Executive Summary: Staff Education Project

Staff Education on Evidence-Based Cognitive Behavioral Therapy for Clinicians at an

Outpatient Mental Health Clinic

by

Ezinwanne Judith Irobereachi

MS, Walden University, 2020

MS, University of Maryland Global Campus, 2011

BS, Bowie State University, 2008

Executive Summary Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Nursing Practice

Walden University

February 2026

Summary

Mental illness remains a significant public health concern in the United States. In 2022, 59.3 million adults (23.1%) experienced any mental illness, and those with serious mental illness faced higher risks of cardiometabolic disease, disability, and early mortality. Evidence-based psychotherapies, such as cognitive-behavioral therapy (CBT), are vital for improving outcomes. CBT has a strong research foundation and has demonstrated effectiveness across many disorders. Despite this evidence, many clinicians do not consistently apply evidence-based practices because of limited training, supervision, and organizational support. To address this gap, I implemented a structured CBT education program at an outpatient mental health clinic to enhance clinician knowledge, skills to ensure delivery of high-quality mental health care. The clinical practice question was: Does receiving structured training in evidence-based psychotherapy modalities lead to improved knowledge and confidence of evidence-based practices, as measured by a pre-/posttest assessment? Twenty-four participants completed the pretest, 18 attended the training, and 18 submitted the posttest. The training included three 90-minute sessions focused on evidence-based psychotherapy principles, CBT protocols, and practical skill development using case studies, interactive exercises, roleplays, and guided supervision. Pretest results indicated participant strengths in understanding CBT fundamentals, identifying cognitive distortions, and appreciating supervision and fidelity, while areas for growth included session structuring, use of CBT tools, and applying outcome measures. Posttest results showed measurable improvements in knowledge, confidence, and readiness to apply CBT principles, consistent with research showing the effectiveness of structured evidence-based psychotherapy.

Background

Mental disorders are a major cause of disability worldwide, accounting for more than 155 million disability-adjusted life years in 2021 (Fan et al., 2025). Outpatient mental health clinics can apply evidence-based psychotherapy interventions (EBPIs) to address the impact of mental disorders to improve outcomes. Effective EBPI delivery requires strong foundational knowledge and specific evidence-based skills (Cook et al., 2017; Rief et al., 2024). However, many clinicians inconsistently apply or modify protocols due to inadequate training and supervision (Bruijniks et al., 2018). These practice gaps are common in mental clinics, including the project site. These gaps reduce treatment fidelity and weaken patient progress. To address this problem, the project site clinic approved this project, a structured, CBT-focused, EBPI training for clinicians.

The clinical practice question was: In practicing clinicians, does receiving structured training in evidence-based psychotherapy modalities lead to improved knowledge of evidence-based practices, as measured by a pre-/posttest assessment? Although EBPIs are effective, many clinicians lack the structured training needed to deliver them with fidelity. Barriers, such as limited supervision, insufficient training, and weak organizational support, reduce treatment consistency and compromise patient outcomes (Bruijniks et al., 2018; Melnik et al., 2025; Schwarzbach et al., 2025). This issue directly affects nursing practice because psychiatric nurses and advanced practice nurses play key roles in providing psychotherapy. Strengthening EBPI skills supports safe, effective, and patient-centered care (Seegan et al., 2023). Addressing misconceptions about EBPIs and improving clinician competence is essential to ensuring patients receive evidence-based mental health treatment (Bruijniks et al., 2018).

The purpose of this Doctor of Nursing Practice (DNP) project was to reduce gaps in clinicians' knowledge and use of EBPIs by implementing structured CBT training and supervision in an outpatient mental health setting. I examined whether training improved clinician knowledge as measured through pre- and posttest assessments (see Bruijniks et al., 2018; Frank et al., 2020).

The Iowa model guided the development, piloting, implementation, and evaluation of this CBT training program (see Buckwalter et al., 2017; Cullen et al., 2022). This model provided a systematic process for identifying the problem, reviewing evidence, building a team, designing the intervention, and measuring outcomes. The model also supported a structured literature review showing that EBPI training improves clinician knowledge, attitudes, and fidelity (see Frank et al., 2020). The model ensured the training I developed aligned with organizational needs and DNP change standards (see Buckwalter et al., 2017; Cullen et al., 2022).

Evidence Collection, Analysis and Strength

I conducted a comprehensive literature search using the PubMed/MEDLINE, CINAHL, PsycINFO, and Embase databases. Additional evidence was obtained from professional organizations, national health resources, and facility data. There is extensive evidence supporting structured, multicomponent CBT training as an effective means of improving clinician competence, fidelity, and confidence. Studies have shown that ongoing training with consultation outperforms one-time workshops and that structured training that combines didactic instruction with supervised practice, consultation, and feedback yields significant gains in knowledge and skills (Frank et al., 2020; Stuart et al.,

2018; Wilfley et al., 2020). Web-based modules have also been shown to increase skill and confidence (Sansen et al., 2020).

The evidence supporting structured CBT training is strong, consistent, and based on high-quality research, including randomized controlled trials, meta-analyses, and implementation studies. These studies consistently showed improvements in clinician knowledge, fidelity, and patient outcomes (Dondanville et al., 2022; Frank et al., 2020; Monson et al., 2018; Sansen et al., 2020; Stuart et al., 2018; Wilfley et al., 2020). Research on supervision, consultation, and outcome monitoring further showed that ongoing support improves treatment fidelity and clinical decision-making (Caron et al., 2021; de Jong et al., 2021; McAleavey et al., 2024; Stirman et al., 2017). Evidence on flexible fidelity and systems-level practices supports sustainable long-term implementation (Albers et al., 2024; Cook et al., 2017; Davis et al., 2019; Kendall & Frank, 2018; Kendall et al., 2023). Together, these findings provide strong justification for implementing sustained, structured CBT training to improve clinician performance and patient outcomes.

Staff Education Project Development

I used standard DNP appraisal procedures for evidence analysis in this project. Each study was reviewed for level of evidence, design, rigor, and relevance, and then rated as high, moderate, or low quality. Findings were compared across studies to identify consistent outcomes related to training effectiveness, fidelity, and barriers. I also assessed applicability to outpatient behavioral health settings. Implementation science concepts, including fidelity frameworks and quality-improvement processes, were used to determine how well the training would function in practice. My recommendations were

based on the combined strength, applicability, and consistency of the evidence, supporting the feasibility of the training intervention (see Dang et al., 2021).

Training Framework, Design, and Delivery

I employed an eight-step development process informed by CBT fidelity research, adult learning theory, and implementation frameworks to create the training. The training emphasized active learning, supervision, and culturally responsive care (see Frank et al., 2020; Stuart et al., 2018; Wilfley et al., 2020). Core CBT elements, collaboration, cognitive restructuring, behavioral activation, and structured practice were paired with opportunities for context-based adaptation. Key design steps included defining essential CBT skills, adapting content for real-world use, embedding culturally informed strategies without altering treatment mechanisms, using outcome measures and fidelity tools to guide decisions, and creating practice-based activities and reflective exercises. This approach ensured that the curriculum was practical and relevant for outpatient clinicians (Beidas et al., 2016; Flowers et al., 2025; Huey et al., 2023; Kendall & Frank, 2018; Kendall et al., 2008; Kendall et al., 2023; Rathod et al., 2019; Strunk et al., 2021).

Results

Twenty-four participants completed the pretest, 18 attended the training, and 18 submitted the posttest. Two participants inadvertently sent their posttest responses to the pretest form; I reassigned these inadvertent submissions appropriately for accurate analysis. The training included three 90-minute sessions focused on evidence-based psychotherapy principles, CBT protocols, and practical skill development using case studies, interactive exercises, roleplays, and guided supervision. The pretest and posttest surveys included identical items across five domains: (a) EBP/fidelity, (b) CBT

foundations, (c) skills/techniques, (d) application/competence, and (e) implementation/outcomes.

Table 1

Results by Domain

CBT competency domain	Pretest <i>M</i>	Posttest <i>M</i>	Mean change	% improvement
Evidence-based practice (EBP) & fidelity	3.4	4.5	+1.1	+32%
CBT foundations	3.9	4.7	+0.8	+21%
CBT skills & techniques	3.7	4.6	+0.9	+24%
Application, adaptation & competence	3.6	4.5	+0.9	+25%
Clinical implementation & outcomes	3.8	4.5	+0.7	+18%
Overall averages	3.68	4.56	+0.88	+24%

Note. Participants demonstrated the largest gains in understanding evidence-based practice principles and applying CBT techniques effectively. Mean score increases of nearly one full point per item indicate significant progress in both knowledge and confidence.

The evidence-based practice and fidelity domain showed the greatest improvement (32%), reflecting a stronger understanding of balancing flexibility with fidelity (Kendall & Frank, 2018). The CBT foundations domain showed a mean improvement of 21%, with clinicians demonstrating stronger command of the cognitive model, improved accuracy in identifying cognitive distortions, and a clearer understanding of the links between thoughts, emotions, and behaviors (see Kendall et al.,

2023; Strunk et al., 2021). The CBT skills and techniques domain showed a mean improvement of 24%, and participants reported greater confidence using core CBT tools, such as cognitive restructuring, behavioral activation, and Socratic questioning. They also recognized the importance of structured sessions, including agenda setting, homework review, and collaborative formulation, indicating a shift from conceptual awareness to the practical application of CBT (see Becker- Haimes et al., 2022; Romijn et al., 2021). The application, adaptation, and competence domain showed a mean improvement of 25%. Clinicians increased their ability to apply CBT with fidelity across diverse cultural and clinical presentations, and they also improved their understanding of supervision and fidelity monitoring as essential components for maintaining competence (see Romijn et al., 2021). The clinical implementation and outcomes domain showed a mean improvement of 18%. Trainees expressed heightened readiness to implement CBT interventions, use measurement tools to track client progress, and leverage the therapeutic alliance to optimize outcomes. Qualitative feedback indicated increased confidence, better skill use, greater appreciation for structured CBT and ongoing supervision, stronger understanding of fidelity principles, improved CBT technique use, and increased confidence in adapting CBT for diverse clients, which is consistent with literature emphasizing cultural competence in psychotherapy (see McGregor et al., 2019; Naeem, 2019).

Impact on The Organization and Stakeholder Recommendation

The current findings align with previous research showing that structured training, along with practice and feedback, improves clinician competence and attitudes toward EBPIs (Creed et al., 2021). Training also boosts cultural responsiveness and the ability to

adapt CBT for diverse clients, which can help reduce health inequities (McGregor et al., 2019; Naeem, 2019). Strong leadership, a supportive implementation climate, and routine feedback are needed to turn training gains into lasting change (Williams et al., 2024). The CBT training initiative is expected to enhance the quality and consistency of care by improving clinician fidelity to CBT, which is linked to better patient outcomes (see Albers et al., 2024; Cook et al., 2017; Kendall & Frank, 2018). More accurate CBT delivery may improve symptom reduction, engagement, and treatment outcomes (see de Jong et al., 2021; McAleavey et al., 2024; Monson et al., 2018). The active-learning model also supports clinician confidence and professional development (see Caron et al., 2021; Frank et al., 2020).

This project has wider relevance because it addresses national and global challenges in delivering evidence-based psychotherapy. Many clinicians use CBT with partial adherence, creating uneven outcomes (Bruijniks et al., 2018; Cook et al., 2017). This project shows that structured, fidelity-focused training can improve knowledge, confidence, and skill (Caron et al., 2021; Frank et al., 2020). The training also supports flexibility within fidelity, a principle that helps ensure culturally responsive and inclusive care (see Kendall & Frank, 2018; Kendall et al., 2023; Strunk et al., 2021). The framework is scalable and transferable to community clinics, integrated care environments, and academic programs. The training strengthens nursing practice by improving CBT knowledge, confidence, and applied skills. Nurses can reinforce CBT concepts during routine interactions, help patients practice skills, and identify cognitive or behavioral patterns needing intervention (Bruijniks et al., 2018; Cook et al., 2017). The small sample size limits generalizability, and attrition between pre- and posttesting may

have introduced bias. Because the surveys relied on self-reports, the results may not fully reflect actual clinical skill (see Cao et al., 2024).

Conclusions

The CBT training program improved clinicians' knowledge, skills, and confidence, especially in areas identified as weak during the pretest. Participant gains were strongest in practical application and fidelity skills. The results show the value of structured training that builds both foundational knowledge and applied competence. Training clinicians in CBT represents an evidence-supported strategy for improving mental health outcomes and enhancing the quality of outpatient care. These findings support the use of a structured CBT training intervention evaluated through pre- and posttest assessment.

Continued practice monitoring is needed because it is essential to ensure that gains in clinician knowledge translate into sustained, high-quality clinical practice. Research consistently demonstrates that, without ongoing monitoring, consultation, and feedback, clinicians tend to drift from protocol adherence over time, modify interventions in ways that reduce effectiveness, or revert to habitual practices that are not evidence-based (Bruijniks et al., 2018; Stirman et al., 2017). Practice monitoring strategies, including fidelity checks, supervision, and outcome tracking, support adherence to treatment protocols and help maintain the balance between flexibility and fidelity that is central to the effective delivery of cognitive-behavioral therapy (CBT) (Kendall & Frank, 2018; Kendall et al., 2023). In addition, continued monitoring reinforces skill consolidation. Clinicians are more likely to retain and generalize newly acquired competencies when they receive regular feedback and engage in guided reflection on

their clinical practice (Caron et al., 2021; Frank et al., 2020). Although this project demonstrated that structured CBT training effectively improved clinicians' knowledge and confidence, continued practice monitoring remains critical for sustaining these gains over time.

Ongoing supervision, fidelity assessment, and outcome monitoring are necessary to prevent skill erosion, support fidelity-consistent adaptations, and promote long-term improvements in patient outcomes. These monitoring strategies are essential components of evidence-based psychotherapy implementation. Embedding structured monitoring processes drives sustainable change, strengthens interdisciplinary collaboration, and enhances the quality and consistency of outpatient mental health care, promoting equity, inclusive treatment, and respect for cultural differences.

References

- Albers, B., Verweij, L., Blum, K., Oesch, S., Schultes, M. T., Clack, L., & Naef, R. (2024). Firm, yet flexible: A fidelity debate paper with two case examples. *Implementation Science*, *19*(1), 79. <https://doi.org/10.1186/s13012-024-01406-3>
- Becker-Haimes, E. M., Marcus, S. C., Klein, M. R., Schoenwald, S. K., McLeod, B. D., Dorsey, S., Williams, N. J., Mandell, D. S., & Beidas, R. S. (2022). A randomized trial to identify accurate measurement methods for adherence to cognitive behavioral therapy. *Behavior Therapy*, *53*(6), 1191–1204. <https://doi.org/10.1016/j.beth.2022.06.001>
- Beidas, R. S., Maclean, J. C., Fishman, J., Dorsey, S., Schoenwald, S. K., Mandell, D. S., Shea, J. A., McLeod, B. D., French, M. T., Hogue, A., Adams, D. R., Lieberman, A., Becker-Haimes, E. M., & Marcus, S. C. (2016). A randomized trial to identify accurate and cost-effective fidelity measurement methods for cognitive behavioural therapy for youth: Project FACTS study protocol. *BMC Psychiatry*, *16*, 323. <https://doi.org/10.1186/s12888-016-1034-z>
- Brujniks, S. J. E., Franx, G., & Huibers, M. J. H. (2018). The implementation and adherence to evidence-based protocols for psychotherapy for depression: The perspective of therapists in Dutch specialized mental healthcare. *BMC Psychiatry*, *18*(1). <https://doi.org/10.1186/s12888-018-1768-x>
- Cao, Y., Chen, R. C., & Katz, A. J. (2024). Why is a small sample size not enough? *The Oncologist*, *29*(9), 761–763. <https://doi.org/10.1093/oncolo/oyae162>
- Caron, E. B., Lind, T. A., & Dozier, M. (2021). Strategies that promote therapist engagement in active and experiential learning: Micro-level sequential analysis.

The Clinical Supervisor, 40(1), 112–133.

<https://doi.org/10.1080/07325223.2020.1870023>

Cook, S. C., Schwartz, A. C., & Kaslow, N. J. (2017). Evidence-based psychotherapy: Advantages and challenges. *Neurotherapeutics*, 14(3), 537–545.

<https://doi.org/10.1007/s13311-017-0549-4>

Creed, T. A., Crane, M. E., Calloway, A., Olino, T. M., Kendall, P. C., & Stirman, S. W. (2021). Changes in community clinicians' attitudes and competence following a transdiagnostic cognitive behavioral therapy training. *Implementation Research and Practice*, 2, 26334895211030220.

<https://doi.org/10.1177/26334895211030220>

Cullen, L., Hanrahan, K., Edmonds, S. W., Reisinger, H. S., & Wagner, M. (2022). Iowa implementation for sustainability framework. *Implementation Science*, 17(1), 1.

<https://doi.org/10.1186/s13012-021-01157-5>

Dang, D., Dearholt, S. L., Bissett, K., Ascenzi, J., & Whalen, M. (2021). *Johns Hopkins evidence-based practice for nurses and healthcare professionals: Model and guidelines* (4th ed.). Sigma Theta Tau International.

Davis, M. M., Gunn, R., Cifuentes, M., Khatri, P., Hall, J., Gilchrist, E., Peek, C. J., Klowden, M., Lazarus, J. A., Miller, B. F., & Cohen, D. J. (2019). Clinical workflows and the associated tasks and behaviors to support delivery of integrated behavioral health and primary care. *Journal of Ambulatory Care Management*, 42(1), 51–65. <https://doi.org/10.1097/JAC.0000000000000257>

de Jong, K., Conijn, J. M., Gallagher, R. A. V., Reshetnikova, A. S., Heij, M., & Lutz, M. C. (2021). Using progress feedback to improve outcomes and reduce drop-out,

- treatment duration, and deterioration: A multilevel meta-analysis. *Clinical Psychology Review*, 85. <https://doi.org/10.1016/j.cpr.2021.102002>
- Dondanville, K. A., Fina, B. A., Straud, C. L., Tyler, H., Jacoby, V., Blount, T. H., Moring, J. C., Blankenship, A. E., & Finley, E. P. (2022). Evaluating a community-based training program for evidence-based treatments for PTSD using the RE-AIM framework. *Psychological Services*, 19(4), 740–750. <https://doi.org/10.1037/ser0000567>
- Fan, Y., Fan, A., Yang, Z., & Fan, D. (2025). Global burden of mental disorders in 204 countries and territories, 1990–2021: Results from the Global Burden of Disease Study 2021. *BMC Psychiatry*, 25(1), 486. <https://doi.org/10.1186/s12888-025-06932-y>
- Flowers, S. N., Sanchez, A. L., Siddiqui, A., Weiss, M., & Becker-Haimes, E. M. (2025). Clinician-reported person-centered culturally responsive practices for youth with OCD and anxiety. *Children*, 12(8), 1034. <https://doi.org/10.3390/children12081034>
- Frank, H. E., Becker-Haimes, E. M., & Kendall, P. C. (2020). Therapist training in evidence-based interventions for mental health: A systematic review of training approaches and outcomes. *Clinical Psychology*, 27(3), e12330. <https://doi.org/10.1111/cpsp.12330>
- Huey, S. J., Park, A. L., Galán, C. A., & Wang, C. X. (2023). Culturally responsive cognitive behavioral therapy for ethnically diverse populations. *Annual Review of Clinical Psychology*, 19, 51–78. <https://doi.org/10.1146/annurev-clinpsy-080921-072750>

- Iowa Model Collaborative, Buckwalter, K. C., Cullen, L., Hanrahan, K., Kleiber, C., McCarthy, A. M., Rakel, B., Steelman, V., Tripp-Reimer, T., Tucker, S., & Authored on behalf of the Iowa Model Collaborative. (2017). Iowa model of evidence-based practice: Revisions and validation. *Worldviews on Evidence-Based Nursing*, 14(3), 175–182. <https://doi.org/10.1111/wvn.12223>
- Kendall, P. C., & Frank, H. E. (2018). Implementing evidence-based treatment protocols: Flexibility within fidelity. *Clinical Psychology: Science and Practice*, 25(4), e12271. <https://doi.org/10.1111/cpsp.12271>
- Kendall, P. C., Gosch, E., Furr, J. M., & Sood, E. (2008). Flexibility within fidelity. *Journal of the American Academy of Child & Adolescent Psychiatry*, 47(9), 987–993. <https://doi.org/10.1097/CHI.0b013e31817eed2f>
- Kendall, P. C., Ney, J. S., Maxwell, C. A., Lehrbach, K. R., Jakubovic, R. J., McKnight, D. S., & Friedman, A. L. (2023). Adapting CBT for youth anxiety: Flexibility, within fidelity, in different settings. *Frontiers in Psychiatry*, 14, 1067047. <https://doi.org/10.3389/fpsy.2023.1067047>
- McAleavey, A. A., de Jong, K., Nissen-Lie, H. A., Boswell, J. F., Moltu, C., & Lutz, W. (2024). Routine outcome monitoring and clinical feedback in psychotherapy: Recent advances and future directions. *Administration and Policy in Mental Health*, 51(3), 291–305. <https://doi.org/10.1007/s10488-024-01351-9>
- McGregor, B., Belton, A., Henry, T. L., Wrenn, G., & Holden, K. B. (2019). Improving behavioral health equity through cultural competence training of health care providers. *Ethnicity & Disease*, 29(Suppl 2), 359–364. <https://doi.org/10.18865/ed.29.S2.359>

- Melnik, T., Sinval, J., Pinho, V. D., Junior, J. A. S. H., Oliveira, M. D. S., & Lopes, F. M. (2025). Knowledge and use of evidence-based practice in psychology among Brazilian psychologists: A cross-sectional study. *Healthcare, 13*(4), 431. <https://doi.org/10.3390/healthcare13040431>
- Monson, C. M., Shields, N., Suvak, M. K., Lane, J. E., Shnaider, P., Landy, M. S. H., Wagner, A. C., Sijercic, I., Masina, T., Wanklyn, S. G., & Stirman, S. W. (2018). A randomized controlled effectiveness trial of training strategies in cognitive processing therapy for posttraumatic stress disorder. *Behaviour Research and Therapy, 110*, 31–40. <https://doi.org/10.1016/j.brat.2018.08.007>
- Naeem, F. (2019). Cultural adaptations of CBT: A summary and discussion of the special issue on cultural adaptation of CBT. *Cognitive Behaviour Therapist, 12*, 1–20. <https://doi.org/10.1017/S1754470X19000278>
- Rathod, S., Phiri, P., & Naeem, F. (2019). An evidence-based framework to culturally adapt cognitive behaviour therapy. *The Cognitive Behaviour Therapist, 12*, e10. <https://doi.org/10.1017/S1754470X18000247>
- Rief, W., Wilhelm, M., Bleichhardt, G., Strauss, B., Frostholm, L., & von Blanckenburg, P. (2024). Competence-based trainings for psychological treatments: A transtheoretical perspective. *Clinical Psychology in Europe, 6*(Spec Issue), e13277. <https://doi.org/10.32872/cpe.13277>
- Romijn, G., Provoost, S., Batelaan, N., Koning, J., van Balkom, A., & Riper, H. (2021). Does it blend? Exploring therapist fidelity in blended CBT for anxiety disorders. *Internet Interventions, 25*, 100418. <https://doi.org/10.1016/j.invent.2021.100418>

- Sansen, L. M., Saupe, L. B., Steidl, A., Fegert, J. M., Hoffmann, U., & Neuner, F. (2020). Development and randomized-controlled evaluation of a web-based training in evidence-based trauma therapy. *Professional Psychology: Research and Practice, 51*(2), 115–124. <https://doi.org/10.1037/pro0000262.supp>
- Schwarzbach, N., Pijnenborg, M., Hoekstra, R., Poppe, A., & Bouman, T. (2025). Closing the gap: Integrating science and practice in psychotherapy. *European Psychiatry, 68*(Suppl 1), S1065. <https://doi.org/10.1192/j.eurpsy.2025.2156>
- Seegan, P. L., Miller, L., Young, A. S., Parrish, C., Cullen, B., & Reynolds, E. K. (2023). Enhancing quality of care through evidence-based practice: Training and supervision experiences. *American Journal of Psychotherapy, 76*(3), 100–106. <https://doi.org/10.1176/appi.psychotherapy.20220015>
- Stirman, S. W., Pontoski, K., Creed, T., Xhezo, R., Evans, A. C., Beck, A. T., & Crits-Christoph, P. (2017). A non-randomized comparison of strategies for consultation in a community-Academic training program to implement an evidence-based psychotherapy. *Administration and Policy in Mental Health, 44*(1), 55–66. <https://doi.org/10.1007/s10488-015-0700-7>
- Stuart, S., Schultz, J., & Ashen, C. (2018). A new community-based model for training in evidence-based psychotherapy practice. *Community Mental Health Journal, 54*(7), 912–920. <https://doi.org/10.1007/s10597-017-0220-x>
- Strunk, D. R., Mandel, A. A., & Ezawa, I. D. (2021). Being flexible while maintaining fidelity in CBT of depression. In P. C. Kendall (Ed.), *Flexibility within fidelity: Breathing life into a psychological treatment manual* (pp. 61–71). Oxford University Press.

- Wilfley, D. E., Agras, W. S., Fitzsimmons-Craft, E. E., Bohon, C., Eichen, D. M., Welch, R. R., Jo, B., Raghavan, R., Proctor, E. K., & Wilson, G. T. (2020). Training models for implementing evidence-based psychological treatment. *JAMA Psychiatry*, 77(2), 139. <https://doi.org/10.1001/jamapsychiatry.2019.3483>
- Williams, N. J., Ehrhart, M. G., Aarons, G. A., Esp, S., Sklar, M., Carandang, K., Vega, N. R., Brookman-Frazee, L., & Marcus, S. C. (2024). Improving measurement-based care implementation in youth mental health through organizational leadership and climate: a mechanistic analysis within a randomized trial. *Implementation Science*, 19(1), 29. <https://doi.org/10.1186/s13012-024-01356-w>