Best Evidence Summaries of Topics in Mental Healthcare

BEST *in* MH *clinical question-answering service*

Question

"In adults with anxiety and, how effective is cognitive behavioural therapy (CBT) delivered by paraprofessionals, compared to CBT delivered by trained professionals, in improving patient outcomes, specifically, reducing symptoms and distress and improving quality of life, employment and social adjustment?"

Clarification of question using PICO structure

Patients: Adults with anxiety
Intervention: CBT delivered by paraprofessionals
Comparator: CBT delivered by trained professionals
Outcome: Improving patient outcomes, specifically, reducing symptoms and distress and improving quality of life, employment and social adjustment.

Clinical and research implications

There was no evidence on the effectiveness of CBT delivered by paraprofessionals, compared to CBT delivered by trained professionals, for the treatment of adults with anxiety. Two small RCTs provided some evidence indicating that CBT interventions delivered by paraprofessionals or therapists with minimal experience of CBT may be similarly effective to treatment as usual, which could include (un-specified) psychological therapies, for reducing symptoms and improving quality of life in people with mild to moderate anxiety over the short (1-3 months) and long (1-2 years) term. Data from one poor quality RCT indicated that therapist competence, but not therapist CBT adherence, may be predictive of clinical outcome; this study also noted the importance of initial training. We identified one systematic review which assessed the effectiveness of psychological treatments for anxiety and depressive disorders performed by paraprofessionals, however, this review included only five studies and was excluded from this evidence summary as it did not include any studies of CBT interventions for anxiety. There is a need for studies which directly compare the effectiveness of CBT interventions delivered by different types of practitioners.

What does the evidence say?

Number of included studies/reviews (number of participants)

This evidence summary includes three randomised controlled trials (RCTs) with partial relevance to the clinical question "In adults with anxiety and, how effective is cognitive behavioural therapy (CBT) delivered by paraprofessionals, compared to CBT delivered by trained professionals, in improving patient outcomes, specifically, reducing symptoms and distress and improving quality of life, employment and social adjustment?"[2,3,4] Two of the RCTs compared a CBT intervention, delivered by therapists with minimal experience of CBT or paraprofessionals, to treatment as usual, which could include psychological therapies.[2,4] The remaining RCT compared a CBT intervention delivered by novice therapists to usual care, but did not report between group comparisons; this study reported data on the association between therapist CBT adherence and competence and the clinical outcomes of participants, as well as factors predicting therapist CBT adherence and competence.[3] We did not identify any studies which compared the effectiveness of CBT delivered by paraprofessionals to that of CBT delivered by trained professionals, in the specified population. We identified one systematic review which assessed the effectiveness of psychological treatments for anxiety and depressive disorders performed by paraprofessionals, however, this review was excluded from the evidence summary as it did not include any studies of CBT interventions for anxiety.[1]

Main Findings

The RCT, which compared a CBT intervention (panic control therapy), delivered by therapists with minimal experience of CBT to treatment as usual (treatment chosen by the therapist) showed no significant differences between the groups in measures of panic severity (PDSS), phobic avoidance (FQ), depression (BDI), or general well-being (OQ-45), over a two year follow-up period.[2] The second RCT compared a computer-based, self-help CBT intervention, facilitated by primary care nurses, to treatment as usual by general practitioners; treatment as usual could include referrals for psychological therapies.[4] This study found no statistically significant differences between the groups, with respect to improvements in symptoms, functioning, wellbeing and risk (CORE-OM), or health-related quality-of-life (EuroQol-5D), at one or three months.[4] Participants in the facilitated self-help CBT group were more likely to be below the CORE-OM clinical threshold at 1 month than the treatment as usual group, OR 3.65 (95% CI: 1.87 to 4.37), but the difference was non-significant at three months.[4] Results form the third RCT indicated that therapist competence significantly predicted overall measures of clinical outcome at 12 and 18 months, but therapist CBT adherence was not predictive of clinical outcome at any time point.[3]

Authors Conclusions

One RCT concluded that PCT, as delivered in a clinical service setting, showed long-term clinical effectiveness. A second RCT similarly concluded that facilitated self-help CBT may provide short-term clinical benefit for patients with mild to moderate anxiety and depression. The final study included in this assessment concluded that therapist competence was related to improved clinical outcomes when CBT for anxiety disorders was delivered by novice clinicians with technology assistance; this study also noted the importance of the initial training.

Reliability of conclusions/Strength of evidence

Two small RCTs, both with significant methodological weaknesses, provided some evidence that CBT interventions delivered by paraprofessionals or therapists with minimal experience of CBT may be

similarly effective to treatment as usual, which could include (un-specified) psychological therapies, for reducing symptoms and improving quality of life in people with mild to moderate anxiety.[2,4] A further poor quality RCT, which did not report comparative data, found that therapist competence, but not therapist CBT adherence, significantly predicted clinical outcome.[2] We did not identify any studies which compared the effectiveness of CBT delivered by paraprofessionals to that of CBT delivered by trained professionals, in the specified population.

What do guidelines say?

NICE Guidelines for common mental health disorders (CG123, 2011) provides the following definition of a paraprofessional;

"Paraprofessional : a staff member who is trained to deliver a range of specific healthcare interventions, but does not have NHS professional training, such as a psychological wellbeing practitioner." (pp.52)

It continues to say;

"Uncertainty remains about the accuracy and consequent identification of appropriate treatment by paraprofessionals in primary care. An assessment by a mental health professional is likely to result in more accurate identification of problems and appropriate treatment, but is likely to entail greater cost and potentially significant longer wait times for interventions, both of which can have deleterious effects on care." (pp. 35)

NICE Guidelines regarding CBT interventions specifically for those with anxiety do not discuss the use of paraprofessionals but state;

"Treatment options:
For people with GAD and marked functional impairment, or those whose symptoms have not responded adequately to step 2 interventions:

- Offer either
  – an individual high-intensity psychological intervention
  or
  – drug treatment .
- Provide verbal and written information on the likely benefits and disadvantages of each mode of treatment, including the tendency of drug treatments to be associated with side effects and withdrawal syndromes.
- Base the choice of treatment on the person's preference as there is no evidence that either mode of treatment (individual high-intensity psychological intervention or drug treatment) is better.

High-intensity psychological interventions If a person with GAD chooses a high-intensity psychological intervention, offer either CBT or applied relaxation.

CBT for people with GAD should:

- be based on the treatment manuals used in the clinical trials of CBT for GAD
- be delivered by trained and competent practitioners

- usually consist of 12–15 weekly sessions (fewer if the person recovers sooner; more if clinically required), each lasting 1 hour.

Applied relaxation for people with GAD should:

- be based on the treatment manuals used in the clinical trials of applied relaxation for GAD
- be delivered by trained and competent practitioners
- usually consist of 12–15 weekly sessions (fewer if the person recovers sooner; more if clinically required), each lasting 1 hour.
- Practitioners providing high-intensity psychological interventions for GAD should:
- have regular supervision to monitor fidelity to the treatment model, using audio or video recording of treatment sessions if possible and if the person consents
- use routine outcome measures and ensure that the person with GAD is involved in reviewing the efficacy of the treatment.

Consider providing all interventions in the preferred language of the person with GAD if possible." (pp. 177-178).

The evidence contained in this summary is consistent with current guidelines.

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Date searches conducted: 03/10/2013
Date answer completed: 04/11/2013

References

SR

1) Boer PCAM, Wiersma D, Russo S, Bosch RJ. Paraprofessionals for anxiety and depressive disorders. *Cochrane Database of Systematic Reviews* 2005, Issue 2

RCT

2) Addis, M.E., Hatgis, C., Cardemil, E., Jacob, K., Krasnow, A.D. and Mansfeild, A. (2006) Effectiveness of Cognitive-Behavioural Treatment for Panic Disorder Versus Treatment as Usual in a Managed Care Setting: 2-Year Follow-Up. *Journal of Consulting and Clinical Psychology 74* (**2**), pp. 377-385.

3) Brown, L.A., Craske, M.G., Glenn, D.E., Stein, M.B., Sullivan, G., Sherbourne, C., Bystrisky, A., Welch, S.S., Campbell-Sills, L., Lang, A., Roy-Byrne, P. and Rose, R.D. (2013) CBT Competence in Novice Therapists Improves Anxiety Outcomes. *Depression and Anxiety 30,* pp. 97-115.

4) Richards, A., Barkham, M., Cahill, J., Richards, D., Williams, C. and Heywood, P. (2003) PHASE: a randomised. Controlled trial of supervised self-help cognitive behavioural therapy in primary care. *British Journal of General Practice 53*, pp.764-770.

Guidelines

5) National Institute for Health and Care Excellence (2011) Common mental health disorders. Identification and pathways to care. CG123. London: National Institute for Health and Care Excellence. http://www.nice.org.uk/nicemedia/live/13476/54520/54520.pdf

Results

Systematic Reviews

Author (year)	Search Date	Inclusion criteria	Number of included studies	Summary of results	Risk of bias
Boer et al. (2005)	02/2005	**EXCLUDED – None of the five included studies assessed CBT: one study assessed a social worker support intervention for highly anxious first time mothers postpartum and one assessed desensitisation and relaxation interventions for undergraduates with public speaking anxiety; the remaining studies were in populations with depression.**			

RCTs

Author (year)	Inclusion criteria	Number of participants	Summary of results	Risk of bias
Addis et al. (2004)	*Participants* Males and females in Massachusetts who met diagnostic criteria for panic disorder with or without agoraphobia, or who were sub-threshold for panic disorder, but identified panic symptoms as their main reason for seeking treatment. There were no exclusions on the basis of medication use or medical or psychiatric co-morbidities. *Intervention* Panic control therapy (PCT); manual guided 12-15 session CBT protocol.	n= 80 (n=38 intervention, n=42 control).	The study aimed to compare the effectiveness of a CBT intervention (Panic Control Therapy (PCT)) with treatment as usual (treatment choice at the discretion of the therapist), when delivered by therapists with little or no experience of CBT. The mean age of study participants was 39.9 years (range 18-70) and 70% were female. Eleven participants (5 in the PCT group and 6 in the treatment as usual group) did not attend any treatment sessions. Follow-up assessments were conducted at 1 and 2 years post-treatment. Five participants in the treatment as usual group did not complete one year follow-up and follow-up was incomplete for three	The article describes the creation of two groups of five therapists, matched for number of years in practice and previous experience of CBT for anxiety and

	Included education, breathing training and cognitive restructuring as well as interoceptive and agoraphobic exposure components. Delivered by therapists; master's-level practitioners with little or no experience in CBT treatment of anxiety or depression. None of them identified their primary theoretical orientation as cognitive-behavioural. Therapists delivering PCT received a 2-day workshop followed by audiotape review and supervision of two training cases by an expert in PCT who was not affiliated with the study. *Comparator* Treatment as usual; therapists matched fro number of years in practice and previous experience of CBT for anxiety or depression were instructed to provide whatever treatment they considered appropriate for their clients. *Outcomes* Panic severity (PDSS), phobic avoidance (FQ), depression (BDI), general well-being (OQ-45), psychotherapy and medication use (interview).		participants I the PCT group. Six participants in the treatment as usual group did not complete two year follow-up and follow-up was incomplete for four participants in the PCT group. Intention-to-treat analyses showed no significant differences between the two treatment groups over the follow-up period. The percentage of participants who maintained a clinically significant improvement in PDSS at one year was 39.5% in the PCT group and 23.8% in the treatment as usual group; at two years, the proportions were 36.8% and 21.4%, respectively. For other outcome measures, fewer participants maintained a clinically significant improvement. The percentage of participants who maintained a clinically significant improvement in FQ at one year was 13.2% in the PCT group and 4.8% in the treatment as usual group; at two years, the proportions were 5.3% and 2.4%, respectively. The percentage of participants who maintained a clinically significant improvement in BDI at one year was 7.9% in the PCT group and 4.8% in the treatment as usual group; at two years, the proportions were 2.6% and 2.4%, respectively. The percentage of participants who maintained a clinically significant improvement in OQ-45 at one year was 13.2% in the PCT group and 7.1% in the treatment as usual group; at two years, the proportions were 10.5% and 7.1%, respectively. When only treatment completers were analysed, participants in the PCT group showed a significantly greater likelihood of maintaining clinically significant improvements in PDSS at	depression. It further states that "by random assignment" one group was allocated to deliver PCT and the other to provide treatment as usual. Study participants were described as being randomly assigned to PCT or treatment as usual; no further details of randomisation or allocation concealment were provided. The nature of the

			one and two years than those I the treatment as usual group. The percentage of completers who maintained a clinically significant improvement in PDSS at one year was 55.0% in the PCT group and 8.3% in the treatment as usual group ($p<0.01$); the proportions remained the same at two years.	intervention precluded blinding of therapists and it was not clear whether patients were blinded to the nature of the intervention. Outcomes measured by structured interview were assessed independently and blind to treatment condition. Results were reported for intention-to-treat analyses. Data were reported for all specified outcome measures.

Brown et al. (2013)	*Participants* Males and females aged 18-75 years, from 17 primary care facilities across the United States. English or Spanish speaking and determined to have at least moderate and clinically significant anxiety according to the Overall Anxiety Severity and Impairment Scale (OASIS). Participants were excluded if they were currently in CBT, had unstable or life-threatening medical conditions, marked cognitive impairment, psychosis, bipolar I disorder, any drug abuse or dependence other than alcohol or marijuana abuse, or active suicidal intent or plan. *Intervention* CALM intervention; comprised of computer-assisted CBT and medication management. The computer programme provided an agenda for therapy but therapists interacted directly with patients. Therapists were selected to be novice in the delivery of mental health treatment; 6 social workers; 5 registered nurses; 2 master's-level clinical and one doctoral level psychologist. *Comparator* Treatment as usual. *Outcomes* Therapist competence and adherence	n=176	The study aimed to investigate the relationships between therapist variables (CBT competence, and CBT adherence) and clinical outcomes in computer-assisted CBT for anxiety disorders delivered by novice therapists in a primary care setting. A single continuous Reliable Change Index (RCI) variable, which took into account scores on the BSI, ASI, PHQ-8, and SDS for each follow-up time point, was used as the measure of clinical outcome (dependent variable in regression modelling). The mean age of study participants was 43.5 ± 12.6 years, 68.6% were female and 79.1% were Caucasian. Therapist CBT competence did not significantly predict average RCI from baseline to 6 months, but significantly predicted average RCI from baseline to 12 months and from baseline to 18 months; higher competence scores were associated with greater overall change in outcome. Therapist CBT adherence did not significantly predict RCI in any analysis. In an analysis of therapist characteristics as predictors of CBT competence and adherence, the only significant predictor was years of prior clinical experience, which significantly predicted lower ratings of CBT competence but not CBT adherence.	The article states that participants were randomised to the CALM intervention or usual care, no details of the randomisation procedure or allocation concealment were reported. The nature of the intervention precluded blinding of participants and therapists. It was not clear whether blinded outcome assessments were conducted.

	(recorded and validated using measures created for the study), anxiety and somatisation (BSI), anxiety sensitivity (ASI), depression severity (PHQ-9), functional impairment (SDS).			Clinical outcomes were reported as a combined measure and it was not clear whether all study participants were included in the analyses.
Richards et al. (2003)	*Participants* Adults from North West England (aged 18 years and older) who were consulting with their GPs regarding mild to moderate symptoms of anxiety and/or depression. Included if they were experiencing slight or moderate distress in one or more of the three domains of wellbeing, problems or functioning. Excluded if they were assessed to be at a risk level of slight or above and/or to be experiencing severe distress in wellbeing, problems or functioning, or were judged to require immediate treatment with a new course of anti-depressants. *Intervention* Practice nurse-facilitated self-help. Nurses assisted patient in using a self-help book	n=139 (n=75 intervention, n= 64 control).	The study aimed to assess the clinical effectiveness of a self-help booklet based on cognitive behavioural therapy techniques and facilitated by practice nurses, compared to standard care by general practitioners for the treatment of mild to moderate anxiety and depression. The mean age of study participants was 39.2 ± 12.6 years and 84% were female. There were no statistically significant baseline differences between the two treatment groups on any demographic or outcome variables. One month outcomes: Both groups improved significantly over one month. The mean CORE-OM reduction in the self-help group was 0.28 ($p = 0.001$) and in the treatment as usual group it was 0.17 ($p = 0.03$). The mean increase in EuroQol in the self-help group was 6.63 ($p = 0.015$) and in the treatment as usual group it was 5.59 ($p = 0.003$). There were no significant differences	Randomisation was independent of the research team and carried out using a computer-generated random numbers table with practices blind to the randomisation strategy. Study participants

	(Managing Anxiety and Depression), developed for primary care based on cognitive behavioural therapy techniques. Nurses received 3 days training to support patients using the book. *Comparator* Treatment and usual. Treatment as usual could include continued prescription of medication, advice and reassurance, formal counselling or referral to counselling, and psychological therapy services. *Outcomes* Symptoms, functioning, wellbeing and risk (CORE-OM), health-related quality-of-life (EuroQol-5D), depth of relationship, professional care and perceived time (The Consultation Satisfaction Questionnaire).		between the two groups. 47% of the self-help group were below the clinical cut-off on CORE-OM at one month, compared to 18% of the treatment as usual group (OR 3.65 (95%: 1.87 to 4.37)). Three month outcomes: Both groups improved significantly over three months. The mean CORE-OM reduction in the self-help group was 0.34 ($p < 0.001$) and in the treatment as usual group it was 0.41 ($p < 0.001$). The mean increase in EuroQol in the self-help group was 8.24 ($p = 0.008$) and in the treatment as usual group it was 7.96 ($p = 0.001$). There were no significant differences between the two groups. 50% of the self-help group were below the clinical cut-off on CORE-OM at three month, compared to 42% of the treatment as usual group. There were no significant differences between the two groups.	and practices were aware of treatment group after randomisation. The primary outcome measures were self-reported and hence were not blinded to treatment group. Analyses were conducted on an intention-to-treat basis and data were reported for both specified outcome measures.

Risk of Bias: SRs

Author (year)	Risk of Bias				
	Inclusion criteria	Searches	Review Process	Quality assessment	Synthesis
Boer et al. (2005)	EXCLUDED – No included studies which met the PICO criteria for this evidence summary				

RCTs

Study	RISK OF BIAS					
	Random allocation	Allocation concealment	Blinding of participants and personnel	Blinding of outcome assessment	Incomplete outcome data	Selective Reporting
Addis et al. (2004)	?	?	☹	☺	☺	☺
Brown et al. (2013)	?	?	☹	?	?	☹
Richards et al. (2003)	☺	☺	☹	☹	☺	☺

☺ Low Risk ☹ High Risk ? Unclear Risk

Search Strategy

Source	Search Strategy	Number of hits	Relevant evidence identified
SRs and Guidelines			
NICE	CBT and Anxiety	131	2
DARE	1 (brief adj4 therap*) 52 Delete 2 (short adj4 therap*) 126 Delete 3 (self adj3 manage*):TI IN DARE 79 Delete 4 (self adj3 guid*) IN DARE 11 Delete 5 (guid* adj3 self) 41 Delete 6 (psychoeducation*) 114 Delete 7 (psycho-education*) 87 Delete 8 (group adj5 CBT) IN DARE 52 Delete 9 (low adj3 intensity) IN DARE 111 Delete 10 (low-intensity) IN DARE 101 Delete 11 (stepped adj4 care) IN DARE 29 Delete 12 (IAPT) IN DARE 0 Delete 13 ((improving adj 2 access) AND (psychological ajd3 therap*)) IN DARE 0 Delete 14 ((self adj2 help) adj2 material*) IN DARE 41 Delete 15 MeSH DESCRIPTOR Psychotherapy, Brief EXPLODE ALL TREES 53 Delete 16 (cbt) IN DARE 254 Delete 17 (cognitive adj4 therap*) IN DARE 793 Delete 18 MeSH DESCRIPTOR Cognitive Therapy EXPLODE ALL TREES 614 Delete 19 #1 OR #2 OR #3 OR #4 OR #5 OR #6 OR #7 OR #8 OR #9 OR #10 OR #11 OR #12 OR #13 OR #14 OR #15 717 Delete 20 #16 OR #17 OR #18 988 Delete 21 #19 AND #20 204 Delete 22 (OCD):TI IN DARE 4 Delete	48	1

	23 (obsessive adj3 compuls*):TI IN DARE 36 Delete 24 MeSH DESCRIPTOR Obsessive-Compulsive Disorder EXPLODE ALL TREES 41 Delete 25 #22 OR #23 OR #24 52 Delete 26 #21 AND #25 6 Delete		
Primary studies			
CENTRAL	MeSH descriptor: [Psychotherapy, Brief] this term only 610 #2 MeSH descriptor: [Cognitive Therapy] explode all trees 4268 #3 Enter terms for search psychoeducationpsychoeducation 482 #4 Enter terms for search "brief therapy""brief therapy" 61 #5 Enter terms for search "short term therapy""short term therapy" 266 #6 Enter terms for search "improving access to psychological therap*""improving access to psychological therap*" 6 #7 Enter terms for search IAPTIAPT 5 #8 Enter terms for search "self management" or "self guidance""self management" or "self guidance" 1945 #9 Enter terms for search "group CBT""group CBT" 182 #10 Enter terms for search "low intensity therapy""low intensity therapy" 11 #11 Enter terms for search "stepped care""stepped care" 309 #12 Enter terms for search "solution focused therapy""solution focused therapy" 41 #13 Enter terms for search "problem solving therapy""problem solving therapy" 192 #14 Enter terms for search mindfulnessmindfulness 510 #15 Enter terms for search "cognitive analytic therapy" ."cognitive analytic therapy" . 0	874	

	#16 Enter terms for search "brief CBT""brief CBT" 35 #17 Enter terms for search #1 or #2 or #3 or #4 or #5 or #6 or #7 or #8 or #9#1 or #2 or #3 or #4 or #5 or #6 or #7 or #8 or #9 7268 #18 Enter terms for search #10 or #11 or #12 or #13 or #14 or #15 or #16 or #17#10 or #11 or #12 or #13 or #14 or #15 or #16 or #17 8028 #19 Enter terms for search #17 or #18#17 or #18 8028 #20 MeSH descriptor: [Obsessive-Compulsive Disorder] explode all trees 611 #21 MeSH descriptor: [Anxiety Disorders] explode all trees 4451 #22 MeSH descriptor: [Depressive Disorder] explode all trees 6883 #23Enter terms for searc#19 and #20117 #24Enter terms for searc#19 and #211039 #25Enter terms for searc#19 and #221013 #26Enter terms for searcN/A		
Medline	1. MEDLINE; exp OBSESSIVE COMPULSIVE DISORDER/; 11329 results. 2. MEDLINE; OCD.ti,ab; 5845 results. 3. MEDLINE; "obsessive compulsive*".ti,ab; 11391 results. 4. MEDLINE; 1 OR 2 OR 3; 16036 results. 5. MEDLINE; BRIEF PSYCHOTHERAPY/; 2778 results. 6. MEDLINE; ACCEPTANCE AND COMMITMENT THERAPY/; 0 results. 7. MEDLINE; (brief adj4 therapy).ti,ab; 1164 results. 8. MEDLINE; (short adj4 therapy).ti,ab; 6141 results. 9. MEDLINE; IAPT.ti,ab; 39 results. 10. MEDLINE; "improving access to psychological therap*".ti,ab; 37 results. 11. MEDLINE; PSYCHOEDUCATION/; 0 results. 12. MEDLINE; psychoeduction.ti,ab; 1 results. 13. MEDLINE; psycho-eduction.ti,ab; 0 results. 14. MEDLINE; (self adj3 manage*).ti,ab; 10283 results. 15. MEDLINE; (self adj3 guid*).ti,ab; 1594 results.	1083	

	16. MEDLINE; ("short term" adj4 therapy).ti,ab; 3759 results. 17. MEDLINE; (group adj5 CBT).ti,ab; 825 results. 18. MEDLINE; ("low intensity" adj3 therapy).ti,ab; 263 results. 19. MEDLINE; "low intensity".ti,ab; 9842 results. 20. MEDLINE; (low adj3 intensity).ti,ab; 14296 results. 21. MEDLINE; "stepped care".ti,ab; 788 results. 22. MEDLINE; (stepped adj3 care).ti,ab; 826 results. 23. MEDLINE; (brief adj3 CBT).ti,ab; 87 results. 24. MEDLINE; CBT.ti,ab; 5167 results. 25. MEDLINE; "Cognitive behav*".ti,ab; 15496 results. 26. MEDLINE; COGNITIVE BEHAVIOR THERAPY/; 16013 results. 27. MEDLINE; "solution focused*".ti,ab; 196 results. 28. MEDLINE; "problem solving therapy".ti,ab; 231 results. 29. MEDLINE; "cognitive analytic therapy".ti,ab; 52 results. 30. MEDLINE; mindfulness.ti,ab; 1678 results. 31. MEDLINE; 5 OR 6 OR 7 OR 8 OR 9 OR 10 OR 11 OR 12 OR 13 OR 14 OR 15 OR 16 OR 17 OR 18 OR 19 OR 20 OR 21 OR 22 OR 23 OR 24 OR 25 OR 26 OR 27 OR 28 OR 29 OR 30; 61462 results. 32. MEDLINE; 4 AND 31; 1133 results. 33. MEDLINE; "randomized controlled trial".pt; 388171 results. 34. MEDLINE; "controlled clinical trial".pt; 89761 results. 35. MEDLINE; randomized.ab; 304193 results. 36. MEDLINE; placebo.ab; 163330 results. 37. MEDLINE; "drug therapy".fs; 1760436 results. 38. MEDLINE; randomly.ab; 215225 results. 39. MEDLINE; trial.ab; 320217 results. 40. MEDLINE; groups.ab; 1368229 results. 41. MEDLINE; 33 OR 34 OR 35 OR 36 OR 37 OR 38 OR 39 OR 40; 3414681 results. 42. MEDLINE; 32 AND 41; 468 results. 43. MEDLINE; exp ANXIETY DISORDERS/; 67879 results. 45. MEDLINE; exp DEPRESSIVE DISORDER/; 82175 results.		

	46. MEDLINE; 31 AND 41 AND 43; 2329 results. 47. MEDLINE; 46 [Limit to: Publication Year 2005-Current and (Age Groups All Adult 19 plus years)]; 1083 results. 48. MEDLINE; 31 AND 41 AND 45; 2046 results. 49. MEDLINE; 48 [Limit to: Publication Year 2005-Current and (Age Groups All Adult 19 plus years)]; 979 results.		
Embase	1. EMBASE; exp OBSESSIVE COMPULSIVE DISORDER/; 26048 results. 2. EMBASE; OCD.ti,ab; 7703 results. 3. EMBASE; "obsessive compulsive*".ti,ab; 14691 results. 5. EMBASE; BRIEF PSYCHOTHERAPY/; 2 results. 6. EMBASE; ACCEPTANCE AND COMMITMENT THERAPY/; 161 results. 7. EMBASE; (brief adj4 therapy).ti,ab; 1515 results. 8. EMBASE; (short adj4 therapy).ti,ab; 7628 results. 9. EMBASE; IAPT.ti,ab; 55 results. 10. EMBASE; "improving access to psychological therap*".ti,ab; 54 results. 11. EMBASE; PSYCHOEDUCATION/; 3211 results. 12. EMBASE; psychoeduction.ti,ab; 5 results. 12. EMBASE; psychoeduction.ti,ab; 5 results. 13. EMBASE; psycho-eduction.ti,ab; 0 results. 14. EMBASE; (self adj3 manage*).ti,ab; 12564 results. 15. EMBASE; (self adj3 guid*).ti,ab; 1701 results. 16. EMBASE; ("short term" adj4 therapy).ti,ab; 4602 results. 17. EMBASE; (group adj5 CBT).ti,ab; 1142 results. 18. EMBASE; ("low intensity" adj3 therapy).ti,ab; 339 results. 19. EMBASE; "low intensity".ti,ab; 10684 results. 20. EMBASE; (low adj3 intensity).ti,ab; 15584 results. 21. EMBASE; "stepped care".ti,ab; 888 results. 22. EMBASE; (stepped adj3 care).ti,ab; 929 results. 23. EMBASE; (brief adj3 CBT).ti,ab; 123 results. 24. EMBASE; CBT.ti,ab; 6948 results.	241	

	25. EMBASE; "Cognitive behav*".ti,ab; 20627 results. 26. EMBASE; COGNITIVE BEHAVIOR THERAPY/; 32055 results. 27. EMBASE; "solution focused*".ti,ab; 323 results. 28. EMBASE; "problem solving therapy".ti,ab; 265 results. 29. EMBASE; "cognitive analytic therapy".ti,ab; 82 results. 30. EMBASE; mindfulness.ti,ab; 2292 results. 31. EMBASE; 5 OR 6 OR 7 OR 8 OR 9 OR 10 OR 11 OR 12 OR 13 OR 14 OR 15 OR 16 OR 17 OR 18 OR 19 OR 20 OR 21 OR 22 OR 23 OR 24 OR 25 OR 26 OR 27 OR 28 OR 29 OR 30; 83402 results. 32. EMBASE; 4 AND 31; 2766 results. 33. EMBASE; exp ANXIETY DISORDERS/; 140878 results. 34. EMBASE; exp DEPRESSIVE DISORDER/; 298106 results. 65. EMBASE; random*.ti,ab; 851201 results. 66. EMBASE; factorial*.ti,ab; 21872 results. 67. EMBASE; (crossover* OR cross-over*).ti,ab; 68149 results. 68. EMBASE; placebo*.ti,ab; 196160 results. 69. EMBASE; (doubl* ADJ blind*).ti,ab; 141051 results. 70. EMBASE; (singl* ADJ blind*).ti,ab; 13992 results. 71. EMBASE; assign*.ti,ab; 232898 results. 72. EMBASE; allocat*.ti,ab; 80087 results. 73. EMBASE; volunteer*.ti,ab; 173794 results. 74. EMBASE; CROSSOVER PROCEDURE/; 38708 results. 75. EMBASE; DOUBLE BLIND PROCEDURE/; 118196 results. 76. EMBASE; RANDOMIZED CONTROLLED TRIAL/; 358167 results. 77. EMBASE; SINGLE BLIND PROCEDURE/; 18377 results. 78. EMBASE; 65 OR 66 OR 67 OR 68 OR 69 OR 70 OR 71 OR 72 OR 73 OR 74 OR 75 OR 76 OR 77; 1376875 results. 79. EMBASE; 38 AND 62 AND 78; 476 results. 80. EMBASE; 31 AND 33 AND 78; 2904 results. 81. EMBASE; 80 [Limit to: Exclude MEDLINE Journals and Publication Year 2005-Current]; 241 results. 82. EMBASE; 31 AND 34 AND 78; 4080 results.		

	84. EMBASE; 82 [Limit to: Exclude MEDLINE Journals and Publication Year 2005-Current]; 298 results.		
PsycINFO	Search History: 1. PsycINFO; exp OBSESSIVE COMPULSIVE DISORDER/; 9658 results. 2. PsycINFO; OCD.ti,ab; 6711 results. 3. PsycINFO; "obsessive compulsive*".ti,ab; 13856 results. 4. PsycINFO; 1 OR 2 OR 3; 14928 results. 5. PsycINFO; BRIEF PSYCHOTHERAPY/; 4737 results. 6. PsycINFO; ACCEPTANCE AND COMMITMENT THERAPY/; 553 results. 7. PsycINFO; (brief adj4 therapy).ti,ab; 2765 results. 8. PsycINFO; (short adj4 therapy).ti,ab; 1538 results. 9. PsycINFO; IAPT.ti,ab; 71 results. 10. PsycINFO; "improving access to psychological therap*".ti,ab; 66 results. 11. PsycINFO; PSYCHOEDUCATION/; 3055 results. 12. PsycINFO; psychoeduction.ti,ab; 5 results. 13. PsycINFO; psycho-eduction.ti,ab; 0 results. 14. PsycINFO; (self adj3 manage*).ti,ab; 6816 results. 15. PsycINFO; (self adj3 guid*).ti,ab; 1638 results. 16. PsycINFO; ("short term" adj4 therapy).ti,ab; 1344 results. 17. PsycINFO; (group adj5 CBT).ti,ab; 935 results. 18. PsycINFO; ("low intensity" adj3 therapy).ti,ab; 24 results. 19. PsycINFO; "low intensity".ti,ab; 1674 results. 20. PsycINFO; (low adj3 intensity).ti,ab; 2194 results. 21. PsycINFO; "stepped care".ti,ab; 398 results. 22. PsycINFO; (stepped adj3 care).ti,ab; 417 results. 23. PsycINFO; (brief adj3 CBT).ti,ab; 103 results. 24. PsycINFO; CBT.ti,ab; 7046 results. 25. PsycINFO; "Cognitive behav*".ti,ab; 26352 results. 26. PsycINFO; COGNITIVE BEHAVIOR THERAPY/; 10321 results. 27. PsycINFO; "solution focused*".ti,ab; 1310 results. 28. PsycINFO; "problem solving therapy".ti,ab; 242 results. 29. PsycINFO; "cognitive analytic therapy".ti,ab; 200 results. 30. PsycINFO; mindfulness.ti,ab; 3836 results. 31. PsycINFO; 5 OR 6 OR 7 OR 8 OR 9 OR 10 OR 11 OR 12 OR 13 OR 14 OR 15 OR 16 OR 17 OR 18 OR 19	918	

	OR 20 OR 21 OR 22 OR 23 OR 24 OR 25 OR 26 OR 27 OR 28 OR 29 OR 30; 51707 results. 32. PsycINFO; 4 AND 31; 1504 results. 33. PsycINFO; CLINICAL TRIALS/; 7070 results. 34. PsycINFO; random*.ti,ab; 123295 results. 35. PsycINFO; groups.ti,ab; 353344 results. 36. PsycINFO; (double adj3 blind).ti,ab; 17329 results. 37. PsycINFO; (single adj3 blind).ti,ab; 1329 results. 38. PsycINFO; EXPERIMENTAL DESIGN/; 8807 results. 39. PsycINFO; controlled.ti,ab; 76815 results. 40. PsycINFO; (clinical adj3 study).ti,ab; 7579 results. 41. PsycINFO; trial.ti,ab; 64922 results. 42. PsycINFO; "treatment outcome clinical trial".md; 25061 results. 43. PsycINFO; 33 OR 34 OR 35 OR 36 OR 37 OR 38 OR 39 OR 40 OR 41 OR 42; 545706 results. 44. PsycINFO; 32 AND 43; 446 results. 45. PsycINFO; ANXIETY/ OR exp ANXIETY DISORDERS/; 96797 results. 46. PsycINFO; 31 AND 45; 7265 results. 47. PsycINFO; 43 AND 46; 2474 results. 48. PsycINFO; 47 [Limit to: Publication Year 2005-Current]; 1628 results. 49. PsycINFO; 48 [Limit to: Peer Reviewed Journal and Publication Year 2005-Current]; 1419 results. 50. PsycINFO; 49 [Limit to: Peer Reviewed Journal and (Age Groups 300 Adulthood age 18 yrs and older) and Publication Year 2005-Current]; 918 results. 51. PsycINFO; exp MAJOR DEPRESSION/; 88314 results. 52. PsycINFO; 31 AND 43 AND 51; 2011 results. 53. PsycINFO; 52 [Limit to: Peer Reviewed Journal and (Age Groups 300 Adulthood age 18 yrs and older) and Publication Year 2005-Current]; 861 results.		
Summary	**NA**	**NA**	

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