National VA Mental Health Wellness & Recovery Webinar Series:
Evaluating Use of Peer Support Specialists to Deliver Cognitive Behavioral Social Skills Training

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October 13, 2020

Dr. Samantha Hack: …Clinical Center or MIRECC in partnership with the Employee Education System. The planning committee members for this Webinar Series include: Daniel Bradford, Valerie Fox, Spencer Glipa, Richard Goldberg, Catherine Lewis, Marty Oexner, Kathryn Peacock-Dutt, Donna Russo, Tim Smith, my co-host Ralf Schneider, and myself Samantha Hack. Today's Webinar is entitled "Evaluating Use of Peer Support Specialists to Deliver Cognitive Behavioral Social Skills Training". Our presenter for today's Webinar is Dr. Matthew Chinman. Dr. Chinman is the Health Science Specialist at the Pittsburgh VA Medical Center and an Investigator at the VA Center for Health Equity Research and Promotion. Dr. Chinman is a clinical community psychologist with extensive research experience in implementation science and program evaluation in the VA, as well as community-based care settings. His work has received funding from the Department of Veteran's Affairs, Centers for Disease Control and Prevention, Substance Abuse and Mental Health Services Administration and the National Institutes of Health. At this time I'm happy to turn the Webinar over to Dr. Chinman.

Dr. Matthew Chinman: All right, well thanks so much. I really appreciate being here. Wish we could all be together in person, but alas, COVID has other ideas. But um, so today we're gonna talk about a study that is in process and so we do not have all the results ready to go, but, um, and COVID has made that a little bit more difficult, but we are going to talk about this idea of

using Peer Support Specialists to deliver something called Cognitive Behavioral Social Skills Training. Um, so I will move on to the next slide. So, we're gonna talk, um, I never know what kind of audience we're gonna have, so there is just going to be a little bit of a background on VHA Peer Specialists; there might be some interesting nuggets in there for folks. And then we're gonna talk about a background of using CBSST with Peer Specialists, sort of why that makes sense, and then I'm gonna present a little bit on the pilot test that we did using Peer Specialists to deliver CBSST, and then I'll just go over kind of the methods of our VA merit research study on Peer Specialists delivering CBSST. So that is the plan for today. All right so, Peer Specialist key part in recovery for serious mental illness, um, peers are both individuals in recovery from serious mental illness trained to work with others in traditional clinical settings, about 1,100 nationally in VA. They're a proactive form of peer support. I think of it that way because, you know, for a long time we had peer support groups, in that you had to kind of get yourself up and go attend that group, but there was a lot of data that showed a lot of people maybe went once or twice and didn't make use of that resource over time – a lot of people would drop out of those groups. So the idea behind adding Peer Specialists is to really proactively bring the peer support to you. So, we don't have to rely on you attending a group, we're gonna actually take someone and deliver that peer support to you, and so I think it's a more engaging kind of peer support but, you know, there's many different kinds of peer support, it's one kind. Um, and clearly I think Peer Specialists are a key component to VA's move to recovery-oriented care, whether you, if you think about the SAMHSA definition of recovery it includes peer support as a key pillar, so it's a really critical aspect to recovery. Peer Specialists are full-fledge VHA employees. It's kind of incredible, even though we've come a long way, I still get questions about this for peers, um, yes they

are full-fledge VHA employees, they attend staff meetings, they chart in a medical record, provide all sorts of services to Veterans. So just to get us all on the same page. So who can be a Peer Specialist? You have to be a Veteran here in the VA, in recovery, for at least about a year, not having been hospitalized or had legal issues due to mental health in the past year, um, and also you need to be able to talk candidly about your background, your conditions, guide people to resources, and tools and strategies and the idea is that Peer Specialists, to be a Peer Specialist you don't have to be, you know, completely symptom free, although the whole idea is that you are in recovery, you can have symptoms, you can be taking medications, and that's all part of it. The idea is just that can you work with other people to help them in their recovery. So, you know, the fact that Peer Specialists have these issues is actually part of the point, right? So they're in recovery. Um, what kind of activities do Peer Specialists do? Um, so we, a few years ago, we had an expert panel and looked at the literature and did sort of an analysis of what kind of activities do Peer Specialists actually do. And so we kind of put them into these buckets, sort of symptoms and medications, bring people resources, serve as a liaison between staff and patients, and engage in kind of goal making with patients. And then there are sub-components to each of those. But then there's a bigger bucket, with what we called Core Activities, which is sharing your story, promoting hope, being a role model, engaging Veterans into treatment, showing empathy, building skills, building relationships and problem-solving skills. So, these are what we feel like are these Core Activities, but Peers do a lot of things by having them fall into the other buckets as well. So I don't know if folks, have seen this before, but this comes out of a report from the Center for Evaluation and Implementation Resources, where they gathered together in fiscal year '18, kind of a look at all the different services that Peer Specialists in

the VA delivered, over 350,000 services in that fiscal year, and there's a whole report that is out that describes this in greater detail. But you can see that Peer Specialists provide services across a wide range of settings, from general mental health, intensive case management, day treatment, PTSD, home life, support for employment, you name it, so…, there's a wide swath of settings that Peer Specialists work in. Um, and they also work with a wide variety of Veterans, 80,000 Veterans in fiscal year '18, across a range of different diagnoses, SMI, PTSD, substance abuse, about a third African American. And this one I thought was very interesting, and so, there's been a lot of talk, you know, can peers work with folks who are, who have expressed suicidal ideation, well, they already are, in that 7% of the 80,000 Veterans are Veterans who had a suicide flag in their chart, which means that the system has deemed them as a suicide risk. So peers are already working with folks who are really, you know, some of the sickest and most impaired folks we have in the system. Alright, well now let's, now we know that we've got sort of a common understanding of Peer Specialists, lets move on and talk about sort of the background on using CBSST with Peer Specialists. So, there's been a lot of research that shows that those with serious mental illnesses don't always receive the recovery services that they should be getting access to. We know that serious mental illness costs the US billions of dollars in lost productivity and hospital costs and the like annually. So we've come a long way with medications, but still those who have SMI still experience impairment in functioning, even despite being on those medications. So that really says that we need recovery-oriented psychosocial rehabilitation approaches that target functioning actual how to get along in everyday life. Um, and some of the best options for those kinds of treatments are cognitive behavioral therapy and social skills training, CBT and SST. But those with SMI often don't get those services, whether inside the VA or outside

the VA. Um, and so cognitive behavioral social skills training, or CBSST, which is easier to deliver, is one option to actually get folks with serious mental illness these kinds of services. So, Peer Specialists delivering CBSST could improve services for those with serious mental illness. So, CBSST is a manualized recovery-oriented psychosocial rehabilitation intervention. So in CBSST you set recovery goals, you get a little training on how to correct errors in thinking, so this is where we talk about the three C's – catch it, check it, change it. That has to do with sort of errors in thinking that you catch, then you check to make sure you know what's going on and then you try to change it. And that's sort of one of the cornerstones of CBSST. Um, it also targets defeatist attitudes – that's another big part. Um, defeatist attitudes being things like, "Oh I can't do that, I shouldn't even try." "I haven't made a new friend in a long time, why even bother?" So it targets those defeatist attitudes and tries to turn them around. And then also builds communication skills to improve social functioning. Um, CBSST is pretty evidence based. There's three randomized trials that show improved functioning for those with serious mental illness, and that's when you, in different kinds of studies, studies that compare CBSST to usual care, and also other trials that compare CBSST to a goal setting only arm, in which both arms got the same amount of contact, like um, contact with a therapist, but CBSST still outperformed there. So one issue, and so I should mention that Eric Granholm, whose is at the San Diego VA deliver, um, developed CBSST and the one who led all those trials, um, and actually he and I are kind of the co-PI's of the current grant that we have now. So, um, a big shout out to Eric obviously. Um, so one issue though is with CBSST is that the current studies have used masters or doctoral level therapists to deliver the CBSST. Um, and then I met Eric at a conference a bunch of years ago and in talking on the way back to the airport in a cab, we got to talking and, you know, it turned out that

he was saying in some of the training that he would run, there were peers in that group of people that were getting trained, and thought that maybe peers could actually do this quite well. Um, given the fact that CBSST is not sort of the therapeutic version of CBT, it's a sort of a, it's a more sort of psychosocial kind of training version. So, it could be a lot easier to deliver, and so it could, having more folks do it than masters or doctoral level therapists, could actually promote its wider spread use. In addition, having peers be able to do CBSST could actually improve the patient engagement in it and keep people in the program more, because we all know that peers are really good patient engagers. Um, in addition having CBSST could also enhance the services for Peer Specialists. A lot of the research that has been done on Peer Specialists, some of the strongest evidence comes from when Peer Specialists deliver more structured curriculum and approaches. So it could really, CBSST could help peers and peers could help CBSST. So I think it's a real, it could be a real symbiotic relationship there. Um, but the big question is, and that's what we're aiming to answer with this study, is can Peer Specialists delivery CBSST with fidelity? Um, so fidelity is basically how closely aligned are you in delivering a curriculum to the way it was designed to be delivered? And so, um, CBSST, like any other kind of program, you want to try to deliver that program as close to in the way that it was intended as possible, because that's the best way to make sure you get the outcomes that that program is promising. So that's what we were wanting to tackle with the pilot study and also with the grant itself. Alright so, I just wanted to be very clear that Peer Specialists delivery of CBSST is not therapy. Um, so there is, in the VA there is a very clear dividing line between what peers are, you know, should and should not be doing, um, in that they should not be doing "therapy" and Peer Specialist delivery of CBSST is not therapy. So I just wanted to be very clear about that. Alright, so to the

pilot test of Peer Specialists delivering CBSST. So, um, leading up to the submission of the study, we did a sort of a 12-week pre / post open trial with two Peer Specialists and twelve Veterans. The twelve Veterans had a range of diagnoses you see there, schizophrenia, schizoaffective, bipolar, schizotypal personality, PTSD, sort of a typical VA population, a little older, 100% male. So one thing that we did in terms of really peerizing basically, the CBSST, is that CBSST curriculum, and it's a manualized curriculum, has a lot of examples of hypothetical people using all the different tools and different techniques, and so what we did is we had the Peer Specialist go through the manual, and change those hypothetical examples to come from examples from their own life. So that in the session we wouldn't just be talking about, you know, Bob Jones and Jane Doe, but we would, the Peer Specialist would actually be using these examples drawn from their own life, which is completely consistent with how Peer Specialists operate. So we felt like that was an important adjustment and tailoring of this intervention to be done by Peer Specialists. So then we had a number of measures that we used in this trial where we basically gave all these measures at the beginning and just gave it all the measures after the trial was over. So there was the Comprehensive Module Test, or the CMT, that's just an assessment of kind of how well you picked up the content of CBSST module, and then there's the Defeatist Performance Attitude Scale – remember I said that CBSST really targets those defeatist attitudes, so this is a measure of that. And then we also had the Herth Hope Index, which measures how much hope you have, and then the BASIS, or the Behavior and Symptom Identification Scale – that's just a broad brush symptom scale – all these are self-report. So these were the measure that we used, the outcome measures. And then we also had a fidelity measure, um, called the Cognitive Therapy Rating Scale for Psychosis, um, which has been used in a lot of CBSST

trials to measure how well the CBSST was being delivered. So here's the data from the trial. Um, on, you have the Baseline Scores, and then the Post-Scores, and then we did t-tests and calculated effects sizes. Um, so, the, even with a very, very small sample, we're talking about twelve Veterans, we actually got significant improvement across 4 out of the 5 measures. And with fairly good effects sizes that were similar to what other CBSST trials have achieved, and that's on the skill learning test, so they were picking up knowledge about the, um, the CBSST content, their symptoms were decreasing, their hope was increasing, their defeatist attitudes were decreasing, the acronym for CBSST is Cognitive Behavioral Social Skills Training, just saw that in the Chat, um, and then social functioning didn't change as much in this trial, and that could be because it was a little bit shorter than normal, so that's something that we want to look at in the larger trial. And then we also collected the fidelity data, and it had a score of a little over 33, which is pretty close to what had been done in previous CBSST trials, and the standard is something on this particular measure is you want to get over 30, and so we were able to do that and felt pretty good that we were able to achieve that. And so, I'm kinda of scanning over to the Chat. There was not a controlled condition in this pilot. It was an open trial, just to see if we could get change. Um, so based on this, um, pilot, we felt like, you know, we had a good shot at getting a full large-scale trial. And now we're gonna talk about that. So, we applied and got funding after three rounds of applying, so that was um, that was a little stressful, but um, we were able to get HSR&D funding. Again, Eric Granholm and I are sort of multiple PI's on this project. I see Eric is on, so if I say anything incorrect he can correct me. Um, and so in Aim 1, the idea was to test efficacy and implementation fidelity of something, I guess we're now calling CBSST Peer, which is basically the Peer version or Peers teaching the CBSST. So we actually have three arms in this study. Um, so

we have the CBSST arm, and then we have a plain SST arm. Um, so many of you know that there's social skills training kind of roll out, evidence based [inaudible] roll out throughout the VA, and so um, reviewers really wanted us to be able to make some sort of comparison to SST, which is basically sort of the social skills component, without the cognitive behavioral component, so, um, so we have that arm in addition, so the peers will also be delivering that as well. And then we have a usual care condition, where people, Veterans just get the care that they're continuing to get. This is a twenty-week intervention. We're gonna have a little over 250 Veterans enrolled and so it's a two-site study, where we're gonna be doing half in Pittsburgh where we are, and then half in San Diego where Eric is, and we're targeting Veterans with serious mental illness, psychosis in particular, no recent medications changes, and no recent experience with any kind of cognitive behavioral treatment, because that would sort of, we wanted them to be more novice, or naïve to the cognitive behavioral treatment. We're gonna measure folks at four different time points – sort of baseline, ten-weeks, which is halfway through, twenty-weeks, which is right at the end, and then at thirty-two weeks, which is a follow-up measure. We have a whole range of measures here. So, things that target functioning, quality of life, recovery, patient activation, symptoms, and also CBSST-related. So, again, their knowledge of CBT defeatist attitudes, that kind of thing. And we're also, a big component is that we will be um, measuring fidelity, so we're gonna be recording sessions and then coding them for fidelity, just like we did in the pilot trial. And I also see a question about will the SST Peer also be adapted with personal vignettes. Yes, they will be. Um, so this is sort of the Aim 1 for the study. And then Aim 2 is going to be looking at sort of helpfulness and barriers and facilitators and through qualitative methods. So, we're gonna do focus groups with Veterans who participated, both out of the

CBSST Peer Arm and also the SST Arm and we're gonna do that at both sites. So we're gonna focus on how helpful they felt the intervention was, and then the utility about looking at errors in thinking and the three C's and social skills, the impact of cognitive training over and above social skills training – that would obviously just be for the CBSST Arm. So we will be getting a lot of good information about what people think about this. Then we're also gonna be interviewing the Peer Specialists; ask them some similar questions to the Veterans in terms of helpfulness and the like, but we're also gonna be asking questions about barriers and facilitators to implementation, because that will be really important to know, going forward as we want to disseminate this to other sites. We want to know about these barriers and facilitators so we can work to address them. Um, and then we're also going to be talking to mental health administrators at both sites, again, focusing on barriers and facilitators and feasibility. So we have a pretty robust plan for qualitative data collection around multiple stakeholders. The barriers and facilitators, questions that we're going to be asking, are going to be following an implementation science framework called, "The Consolidated Framework for Implementation Research", or CFIR. CFIR is really helpful in trying to frame how you think about what influences the implementation of a new approach. It draws from multiple theories like diffusion of innovations. It has five domains, intervention characteristics, the inner context of the host organization, the influence of the outer setting, the folks that are individually involved in delivering whatever intervention we're talking about, and then the implementation process. There's thirty-nine subdomains under those five domains. What's nice, is that the folks who created CFIR, Laura Damschroder and her team, they have an established list of questions, a focus group protocol and interview protocol that can be freely accessed to help guide the questions that you're gonna ask about

your specific intervention – in this case, CBSST. So, by adding this Aim to our study, we really changed it from sort of a straight efficacy trial to a hybrid Type 1 study, where you not only learn about the efficacy, but then you get more information about implementation, and if this is all as successful as we hope and think it will be, then the next study could be basically focusing more on implementation issues and how can we arrange implementation so people are out there doing CBSST with Peers in a real good way that has high fidelity? Alright. And that's, that's about all I think we are, have for the actual study. Um, we were kind of moving at a nice pace for a while and then COVID hit and so we basically had to shut down our study. Um, and we are slowly kind of reopening at both sites. We have some groups that were basically literally in process that we're gonna try to finish off, I think remotely, and then begin to kind of get back to trying to run these groups as VA's open up. So, um, that has been a major challenge, as everyone has experienced and that's sort of kind of where we are. Since I have, you know, have the floor, I guess, this is a shameless plug for other divisions for MIRECC Peer Resource Center, which is a center that we have to kind of promote Peer Specialists out of our MIRECC, with just some other things that we're doing. Um, and you may like to know about. So, we have this old toolkit from 2013 that is still available to be downloaded, but is actually in the process of being revised by a whole group of folks kind of convened by Patricia Sweeney, as the new Director of Peer Support in the VA. And then we also are about to release a toolkit specifically for peers working in primary care, that's almost done, and about to be released. Also, we're helping to distribute a quarterly newsletter about all things Peer. We had done that for a bunch of years out of MIRECC Peer Resource Center, but we're now sort of collaborating with Patricia's shop, and they're gonna be taking a lead on distributing that newsletter, and will be helping for, so look for that. And then we're also

gonna be starting a sort of think tank, also under the auspices of the National Director of Peer Support on just bringing together all people, researchers who want to be doing research on Peer Specialists and Peer Support, and kind of getting together and being able to kind of talk amongst ourselves and hear about what the latest is in Peer Support Research, so that should be starting very soon. And then we have a couple of other Peer studies – just wanted to mention one that is developing is Suicide Prevention program, based on peers, and then also pairing up peers with an App to reduce weight in obese Veterans with mental illness, called Coach to Fit. So that's another, another study that we're currently in process. Um, well that is, I, I, that is it for today in terms of prepared remarks, and I see there's been a lot of questions and I don't know how we want to handle this with the remaining time, but happy to answer any questions.

Ralf Schneider: Hello Matt, this is Ralf. Several unanswered questions so far in the Chat box, let me field a couple of them to you to start off with.

Dr. Matthew Chinman: Sure.

Ralf Schneider: Um, you might be able to still see it on there, but Melissa Minor asks "Is it appropriate to include providing CBSST in the Veteran's treatment plan?" As a specific item I think rather than general, I guess illustrating maybe.

Dr. Matthew Chinman: Yeah, I don't see why not. I mean, that's, I mean, that's the whole goal I think of the study is to, you know, to kind of demonstrate that peers can do this, um, with fidelity and so the idea then would be to make this a tool that, you know, another tool in the toolbox for Peer Specialists. So I don't see why that couldn't be added to the treatment plan.

Ralf Schneider: Great. And then Charles Rowe adds, you know, as you said, CBSST is not therapy, but he noted, "Is it more that the peer is doing teaching, rather than group facilitation in this case?, for this intervention?"

Dr. Matthew Chinman: Yeah. I mean, I think there's a fine line there. I mean, the things that go on in the sessions are, I mean there is some teaching, there's some basic, you know, just content that has to be conveyed. Um, there's uh, group discussion that, that peers facilitate and then there's also role-playing and practice. Um, you know, um, there's a number of skills that um, that get taught, and then the idea is to kind of, you know, sort of practice those skills in the sessions and then the idea also is that the Veterans then go out after the sessions and try to, you know, use those skills in their everyday life and then come back and talk about, you know, how that went. There's also goal setting. So, I'm, you know, I guess, I'm not sure if that's teaching or facilitating, but those are the components of the intervention. Um, so it's probably a bunch of both.

Ralf Schneider: Thanks, and I think you said something about the length of the CBSST intervention. Um is it exactly the same number of sessions, or does that vary by individual or group?

Dr. Matthew Chinman: Um, I mean, in our study it's gonna be the same for everybody. I mean, sometimes people don't show, but um, the idea is that it's gonna be the same for everyone so that we can sort of make sure that everyone is getting a consistent amount for the study, but it can vary I think in practice.

Ralf Schneider: Approximately how many is that again? I missed that number myself.

Dr. Matthew Chinman: Oh, sorry, twenty weeks. Twenty sessions, you know, twenty weeks.

Ralf Schneider: Quite a few sessions, great. Um, that was Andy Draper who asked that. And then, um, let's see, Alan McGuire asked a longer question. "If both CBSST and SST condition are shown to be superior over treatment as usual, we know already that regular SST has been for Peer participant or facilitators has been included as a roll out, thanks Richard. Will peers be recruited for a CBSST for the roll out, or is?"

Dr. Matthew Chinman: I think, I think I understand the question… So, right, if CBSST Peer and SST Peer are not different from each other, but both superior to usual care, that's how it comes out. We think that CBSST Peer will be a little bit better, but if I does come out that way, then yeah, I think focusing on, you know, using the infrastructure of this SST role out would make sense. I think right now, in the SST roll out, peers can co-lead, but I think they have to do it with a LIP, a Licensed Independent Practitioner, but maybe this study would show that maybe you don't need to have it be done with a LIP. And again, that would broaden the pool of providers that could be providing this, and um, you know, basically make it so that more Veterans had access to these evidence-based approaches.

Ralf Schneider: Great. Thanks. And um, Sam correctly pointed out that we've had, we had a few general questions about Peer Specialists that came up. The first one is from Kim Baugh, and you can see it up there. "Will there be, are you aware of more hiring initiatives for Peer Specialists?"

Dr. Matthew Chinman: Um, I mean, I don't know in terms of what is meant by initiative. I mean I think you know, if you go on USA jobs right now, there are, you know, there's usually Peer Specialists positions opened somewhere. And if you live in Boston and there's, you know, and you want to be a Peer Specialist, then there, you know, there might not be Peer Specialists jobs

open in Boston, but maybe in Milwaukee, so, you know…so um, and the, the latest initiatives were basically um, the Mission Act where there were Peers that were hired at thirty sites, two at each site, to work in primary care. Um, and so that increased the pool of hired Peers. But, either there's usually some Peers Specialist position open somewhere in the country at any given moment, so I'm not aware of any other specific initiatives since the Mission Project.

Ralf Schneider: Okay, that's helpful. Um, oh, thanks Matthew. Now, a couple of more general…

Dr. Matthew Chinman: [laughter] I just used Boston as a random example, but thank you for that.

Ralf Schneider: So, I'm not sure maybe Rod Selby could clarify, I believe he asked, "When is training available for newly hired Peer Support Specialists?" Rod if you could clarify, did you mean CBSST training for new Peer Specialists? Um, and uh, someone just wrote a similar question, "Will the VA offer CBSST training to Peer Specialists? Where is it available?"

Dr. Matthew Chinman: Right.

Ralf Schneider: Lawrence um, "Where is the training available?" and then Robert added in, "Will there be more?"

Dr. Matthew Chinman: Right, so Dr. Granholm and I think it was just mentioned in the Chat, so, Dr. Granholm, the creator of CBSST, I mean, they're the ones who basically do the training, you know, so they're doing the training in our study, and they do training, you know, in other venues as well. So I think, you know, in terms of how broad um, and how widely the training is going to be available, that's in part, I think, up to Eric and his group and in part up to the VA in terms of, like, create, you know, do we want to sort of create a more national structure where training is more available to lots of people. I have a feeling, you know, the trial that we're doing now could inform that, you know, those kinds of decisions, so, I mean, I'm

obviously a little biased, I think that would be great to get resources to, you know to support Eric's group in doing that. Any, um… yeah?

Ralf Schneider: There was just one last comment in that I think we've not answered yet about, "Will trainings like this further support Peer Specialists as a possible licensed profession?" Wow, that's a tough one to answer.

[laughter]

Dr. Matthew Chinman: Yeah, I mean, I, that's probably above my pay grade. Um, the uh, you know, I mean, that slide I had before about, you know, Peers, or not delivering therapy, I mean I think that's a very, that distinction has been very important I think in making folks feel comfortable having Peer Specialists around, I don't necessarily totally agree with it, but I think that has been a very clear dividing line in the VA for many years. Um, so, um, I don't know if that will be changing any time soon. Um, but it's, you know, you never know what could happen. And in terms of the Power Point presentation, I'm um, I'm happy to, you know, share those, or, I don't know if, or maybe EES makes them available.

Ralf Schneider: It looks like it's available to download.

Unidentified Speaker: They're in the files to download pod.

Dr. Matthew Chinman: Oh, there you go. Um, any other questions or comments? Um, well, I mean, I don't know if folks don't have any other questions or comments I'm, happy to end a few minutes early. [laughter]

Dr. Samantha Hack: Thank you Matt, yeah, it doesn't look like there's, looks like there's a lot of appreciation for you, but not any questions at the moment for you.

Dr. Matthew Chinman: Alright. Well, yeah, so thanks for tuning in and um, and, yeah, stay tuned, it's gonna take a little bit to run this trial, but we're very excited about it and um, you know, I think that Peers and CBSST are a really good match and so hopefully we'll be able to come back to this forum and share results soon.

Dr. Samantha Hack: Thank you, we will hold you to that.

Dr. Matthew Chinman: [laughter]

Dr. Samantha Hack: Alright, thank you everyone so much for your time. Ralf would you like to do the close? Or would you like me to?

Ralf Schneider: Um, you can go ahead and close, but I want to direct our viewers to check the Chat box, there was an E-mail from Rebecca Pasillas on SST training and a contact that they can find out more about that roll out and getting with Beth and um, that answers Anjana's question that I saw as well. So please check out the info we've got there, and Sam, why don't we close.

Dr. Samantha Hack: Okay. Have a great week.

[END RECORDING]