Supplementary Online Content

Simpson HB, Foa EB, Liebowitz MR, et al. Cognitive-behavioral therapy vs risperidone for augmenting serotonin reuptake inhibitors in obsessive-compulsive disorder: a randomized clinical trial. *JAMA Psychiatry*. Published online September 11, 2013. doi:10.1001/jamapsychiatry.2013.1932.

eAppendix. Training and supervision.

This supplementary material has been provided by the authors to give readers additional information about their work.

eAPPENDIX: TRAINING AND SUPERVISION

Training and Supervision of Study Therapists: Exposure and Ritual Prevention (EX/RP) was delivered by experienced therapists (Ph.D. or Psy. D level). Before becoming a study therapist, therapists reviewed the EX/RP manual and either completed an intensive 4-day training workshop in EX/RP (for those new to EX/RP) or reviewed training tapes from this workshop (for those with prior experience in EX/RP). Therapists then treated at least two OCD cases under supervision (by Drs. Edna Foa and Shawn Cahill). Therapists had to demonstrate excellent adherence with EX/RP before being assigned to study patients (e.g., demonstrating > 90% of the manual-prescribed therapy elements and of the prescribed therapist behaviors based on the Adherence Measure for Exposure and Response Prevention).

During the study, active cases were discussed weekly in group supervision (by telephone for therapists in New York City and in person for therapists in Philadelphia). Supervision was led by Drs. Foa and Cahill. In addition, all sessions were videotaped or audiotaped for independent review of protocol adherence by trained adherence raters. Adherence raters (Master's Level or above) were blind to treatment outcome and had no other contact with study patients. Adherence to the EX/RP manual was formally assessed in 13% of sessions that were randomly selected. Study therapists displayed excellent protocol adherence: in these sessions, 91% of the manual-prescribed therapy elements and 97% of the prescribed therapist behaviors were used.

Training and Supervision of Study Psychiatrists: Pharmacotherapy was provided by board-certified psychiatrists. At study initiation, psychiatrists from both sites participated in a one-day training led by Drs. Blair Simpson and Raphael Campeas to review the medication manual; study psychiatrists also reviewed procedures for the Abnormal Involuntary Movement Scale, the Simpson-Angus rating scale, and the Barnes Akathisia Scale by reviewing written guidelines for these scales, formally rating videotapes of patients, and practicing under supervision on volunteers.

During the study, yearly reviews of medication procedures were conducted, and active cases were discussed with Dr. Campeas as needed. Medication sessions were audiotaped for independent review of protocol adherence (using the Adherence Measure for Pharmacotherapy). A trained rater (Master's Level and in Ph.D. training) with experience with EX/RP for OCD who had no other contact with study patients and was blind to outcome confirmed in 12% of randomly selected sessions that psychiatrists complied with the study protocol and did not discuss or conduct EX/RP procedures.

Training and Supervision of Independent Evaluators (IE): Independent evaluations were conducted by trained clinicians (Master's level or above) who had clinical experience with OCD but had no other contact with study patients. IE training consisted of several steps. First, potential evaluators reviewed the IE manual (that outlined the procedures for each IE measure). Second, potential evaluators reviewed tapes of senior IEs conducting independent evaluations, and rerated these tapes with a goal of achieving

at least 90% agreement with the original ratings. Next, potential evaluators observed at least 2 live independent evaluations by senior IEs, and co-rated the measures, with the goal of achieving at least 90% agreement on each measure. Finally, potential evaluators conducted at least 2 independent evaluations with the senior IE in the room, with the goal of achieving at least 90% agreement with the senior IE.

During the study, IEs audiotaped their assessments and these were sent to the IE supervisor (Dr. Jonathan Huppert) for review; Dr. Huppert was also available by phone and email to address immediate questions. He had no direct contact with study patients. IEs at each site conducted ongoing (e.g., bi-weekly) reliability meetings for the Y-BOCS, where recorded IE's were listened to and rated as a group, with scores being compared afterward and any divergences resolved. In addition, IEs from both sites and Dr. Huppert met in person or by conference call twice per year. At these meetings, taped interviews from each site were formally rated by all IEs to assess inter-rater and cross-site reliability, any points of divergence were resolved, and the written IE guidelines updated. Intraclass correlations (ICC) between IEs were extremely high (e.g., Y-BOCS: ICC=0.99; 95% CI=0.97, 1.00). IEs were instructed to notify the program manager at each site if the blind were broken. This happened in one case, and the IE was removed from further evaluations of that case.