Table 2. *CET Program Barriers and Solutions within each Implementation Stage.*

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| Implementation Stage | Program Barriers & Challenges | Solutions to Overcome Program Barriers |
| Exploration | There was a lack of staff interest and engagement following internal educational didactics led by program champions. | Grant funding allowed the opportunity to work with CETCleveland®. Formal training by an expert team was intended to increase interest within the agency from interested clinicians. |
| Installation | CET did not expand beyond the group pilot. | Formal training was offered to clinicians by CET champions. CET coaches were trained from different teams to improve visibility and program growth. |
| Groups were challenging to prepare for busy clinicians because of the structured nature of the intervention. | CETCleveland® materials included in the training package reduced time spent on preparation with tools such as posters, activities, and lectures. |
| Lack of funding prevented purchase of suitable program materials. | Grant funding allowed funding to purchase materials for groups such as laptops. |
| Initial Implementation | Technical difficulties arose during tele-observation (i.e., camera, speakers, and microphone) to support training. | Program staff persisted in establishing equipment and adjustments were made for training, for example conference call was used instead of video. |
| Transportation to groups for some participants was a barrier as location was not convenient for all participants. | Collaboration with professionals such as case managers has supported transportation and CET groups are now held at one central location that is near a bus line. |
| Coach dropout was an anticipated barrier and during the study period, coaches left the agency or discontinued coaching after CET training. | Two CET coaches became trainers to have the ability to continuously train new qualified CET coaches. |
| It was difficult to locate a dedicated room with adequate space for initial groups. CET was initially located in two different buildings. | After the first cohort of groups, CET moved to one dedicated room with added space within a psychiatric program. |