

1) FAST:

a) **Brief Summary of the Intervention.** FAST is a manualized, behavioral intervention based upon Social Cognitive Theory (Bandura, 1989) and Liberman and colleagues' Social and Independent Living Skills Program (Psychiatric Rehabilitation Consultants, 1991). The intervention targets six areas of everyday functioning: medication management, social skills, communication skills, organization and planning, transportation, and financial management. Participants in the FAST program meet weekly over the course of 6 months in order to devote one month of skills learning per each domain mentioned above. The intensive weekly treatment is followed by 6 monthly boosters. Each session lasts approximately 120-minutes and employs a group format. Groups are co-led by a masters- or doctorate-level therapist and a para-professional such as might be found in typical B&C management or nursing staff. The intervention is structured to maximize benefit for those with cognitive impairment (i.e., modeling, role-plays, built-in repetition, review, and additional skills-building) and to assist those who might have missed a session (i.e., using make-up sessions, in-class repetition, and review).

b) **Main Outcomes.** Functional abilities are assessed by three measures developed at the University of California, San Diego. The first, called the UCSD Performance-based Skills Assessment (UPSA; Patterson et al., 2001a), requires participants to role-play a variety of complex situations, including management of finances, social and communications skills, transportation, and household chores. Social and communication skills are assessed using the Social Skills Performance Assessment (SSPA; Patterson et al., 2001b). For this task, participants engage in two 3-minute role-plays in which they act out interactions in selected social problem situations. The Medication Management Abilities Assessment (MMAA; Patterson et al., 2002) is used to assess each participant's ability to independently manage his/her medication. For this assessment, participants are given mock medication bottles with directions for each medication printed on the bottles (e.g., "Parlenol: Take 2 tablets twice a day with food"). Participants are then instructed to sort the pills and role play how and when he/she should take them throughout the day. Scoring for this measure is based on the accuracy of the participant in providing the interviewer with the correct: a) pill type, b) number of times per day the prescription was taken, c) number of capsules taken each time, and d) whether they were taken with or without food as directed.

c) **Study Subjects.** This study has randomized 246 participants (129 to FAST, 117 to an Attention Control support condition) conducted in classes located at 25 sites throughout the San Diego community. The initial recruitment goal of this study was 240 participants.

d) **Results to date:** Change from pre-post treatment on all outcomes were significantly greater for those in the FAST than those in the AC condition.

2) PEDAL:

a) **Brief Summary of the Intervention.** The basis for PEDAL was formed by our Functional Adaptation Skills Training (FAST) program. Briefly, the intervention is a manualized, cognitive-behavioral intervention based on Social Cognitive Theory.

Developed for older mono-lingual Spanish-speaking psychosis patients, the intervention focuses on improving six areas of everyday functioning: a) medication management, b) social skills, c) communication skills, d) organization and planning, e) transportation, and f) financial management. These six functional skill areas are taught in 24 weekly, 120-minute group sessions followed by 6 monthly boosters. For this study, group leaders were bi-lingual and bi-cultural and held either a masters or doctorate-level degree. The adaptation of the FAST protocol to be culturally relevant for Latino patients was performed in three stages: 1) Performing direct translation, 2) Integrating culture-specific icons and idioms in the materials, and 3) Basing format, content, and treatment goals on Mexican values and cultural scripts.

b) Main Outcomes. Primary outcomes were identical to those utilized in the FAST protocol. Functional Abilities were assessed by the UCSD Performance-based Skills Assessment (UPSA), Social Skills Performance Assessment (SSPA), and the Medication Management Abilities Assessment (MMAA).

c) Study Subjects. Twenty-nine participants were randomized to either PEDAL (N = 21) or a time-equivalent support condition (N = 8). Seventy-eight percent of PEDAL patients attended at least half of the sessions and 10% attended all sessions. In comparison, 50% of patients in the SG condition attended at least half of the sessions and none attended all of the sessions. Differences between groups in the number of sessions attended were not significant. Feedback from participants in the PEDAL condition indicated that approximately 83% found the material to be helpful, most recalled information presented in previous sessions, and 83% reported practicing newly learned skills outside of sessions.

d) Results to date: By 18-month follow-up, effect size differences between the PEDAL and AC conditions were between 0.32 and 0.99 for our three primary outcome measures.