The 20/20 Treatment Team Review:
Handout for Clinic Staff

This 20/20 review is a chance for the treatment team to take a closer look at care delivered to patients within the clinic. The frequency of this review is every 20 sessions. It involves a thorough review of cases by a team of fellow providers using a structured approach focused on assessing effectiveness of care. This review allows an opportunity to problem-solve barriers to treatment progress using a team approach.

Patient's primary provider should complete the applicable sections below BEFORE the 20/20 treatment team meeting.

Patient name:	
Diagnoses:	
Admin status (Pending Profile/MEB/ADSEP?):	
# of sessions/months of BH care prior to this clinic (prior duty stations):	
# of sessions to date (within this clinic):	
# of sessions with current provider:	
Formal outcome measures being used:	
Group attendance history:	
Current treatment goals:	
# of additional sessions anticipated to treat the patient:	
Modalities used (Circle all that are being used with this patient; indicate frequency of appointments per week or per month):	Individual therapy: Y/N; Type: supportive counseling or EBP; Freq:_____/__________ Group therapy: Y/N; Type: process/interpersonal or EBP; Freq:_____/__________ Medications: Y/N; Type: ____________________________; Freq:_____/__________ Biofeedback: Y/N Freq:_____/__________ Other:____ ____ ____

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Progress so far: Provider completes before treatment team meeting. Provider notes any patient progress since the beginning of treatment (or prior to the 20/20 treatment team review).

Reduction in symptoms:	
Reduction in distress:	
Reduction in role impairment:	

Barriers to progress or therapy completion: Provider completes the first two columns before the treatment team meeting, noting any barriers to patient progress and actions taken to address them. Provider and treatment team complete the "Recommended Changes" column together during the meeting. Please see pages 4-6 for examples.

Barrier	Actions to Date	Recommended Changes
EXAMPLE: Patient is not completing homework - patient has time but cannot remember to do it.	*EXAMPLE: Have emphasized importance of homework, but patient does not want to make a priority of it.*	*EXAMPLE: Provider will make future appointments only after patient has completed homework.*

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Questions for the team to address:

Questions	Responses
Are there well-defined goals in the treatment plan?	
Is the current treatment plan likely to result in the patient meeting the goals?	
Does the patient's symptom level match the level of care currently given?	
Would it be beneficial to add in EBP treatment (if not already being utilized)?	
Would medications be beneficial?	
Can this patient realistically return to/remain on full duty *without* continuous ongoing therapy?	
Has a possible referral for a MEB been discussed with the patient?	

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Example Barriers, Actions and Recommended Changes:

Barrier	Actions to Date	Recommended Changes
Patient is not completing homework - patient has time, but cannot remember to do it.	Have emphasized importance of homework and worked with patient collaboratively to create external reminders for homework completion. Despite this, the patient continues to demonstrate inability to complete homework assignments.	Provider explains that homework (HW) is a key element of care. Consider one or more of these options: • Revisit treatment goals and reassess whether interventions are matching patient's goals and motivations (e.g., is an EBP being given where the patient is actually seeking discharge and not wanting therapy?) • Revisit case conceptualization, hypothesize barriers to homework completion (e.g., patient avoidance, difficulties understanding the assignment, skills deficits, etc.) and modify treatment plan accordingly. • Have BHT check on HW before next appointment. • Have patient attend course of group therapy (completing HW) before booking back into individual therapy. • Transfer patient to a provider who provides supportive counseling. Inform patient of the costs and benefits of participation in available treatment options.
Patient states they do not want to do homework and just enjoys talking through problems.	Discussed that EBPs involve application of skills learned in treatment rather than just talking. Utilized motivational interviewing techniques to increase homework compliance.	See above.
Patient does not want to end therapy, even though symptoms do not warrant weekly follow-up.	Have set clear goals for ending therapy (symptom levels decreased), but patient insists they need ongoing therapy.	Provider explains that individual therapy is a time-limited process, highlighting termination as an indicator of treatment success. Consider one of the following options: • Begin to taper treatment, decreasing frequency of sessions. • Discuss treatment termination and offer a booster session in 30 days if patient is nervous/hesitant. • Offer patient enrollment in a group. • Let the patient know that long-term individual therapy is not a service offered in this clinic. • Provider can reference "Planning for Termination" handout.

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Barrier	Actions to Date	Recommended Changes
Patient is not symptomatic, but wants to continue treatment due to loneliness. Patient fears ending the therapeutic relationship.	Have suggested that patient does not “need” therapy.	Consider any of these options: • Re-conceptualize the case so that presenting problem shifts to loneliness and interventions focus on building social support network. Set a limited # of sessions with clear outcomes to address this new problem. • Offer patient enrollment in a group in lieu of individual therapy to help meet needs.
Patient comes in each week with a new crisis, which takes up most of the session time.	Have tried to set boundaries on the amount of time spent processing events of the week, but patient is not re-directable.	Consider any of these options: • Shift the usual structure of the therapy session so that the “Review of Events” of the week happens at the end of the hour. • Discuss how the patient may be more appropriate for a process or interpersonal group and make a referral to group. • Evaluate for possible personality disorder.
Patient misses sessions frequently and we spend a lot of time when they do come in playing catch-up.	Have discussed how the patient can and should make coming to therapy a priority.	Consider any of these options: • Reassess whether treatment can be a priority at this time given competing demands. • Shift patient to a support/process group. • Shift to contingency-based appointments (i.e., patient attends a full course of group therapy before booking back into any further individual sessions). • Reassess patient goals and motivations for therapy; consider terminating if patient does not need/want more appointments.
Patient’s primary stated reason for coming in is to please their spouse/partner; they really do not feel they have a problem that needs to be fixed.	Have suggested that patient does not “need” therapy. Patient wants to continue in order to appease spouse/partner.	Provider explains that individual therapy is a precious commodity that cannot be wasted. Let the patient know that long-term individual therapy is not a service offered in this clinic. Consider any of these options: • Terminate treatment if the patient is not motivated for change. • Offer to meet with spouse in a joint session to help explain that patient does not need ongoing therapy. • Offer patient enrollment in an interpersonal group.

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Barrier	Actions to Date	Recommended Changes
Patient feels they should be medically boarded out of the service and shifts conversation to this during all sessions.	Have emphasized repeatedly that patient does not meet criteria for a medical board and that we would have to try a course of treatment before submitting a medical board anyway.	Consider any of these options: • Attempt to use Motivational Interviewing to shift patient's focus over to staying in the service. • Change focus of sessions to exploring why patient wants to be out of service. • Set an agreement that you will try ___ months of therapy focused on getting better, not getting out of service. At end of the determined period, reassess need for a MEB.
Patient feels they should be administratively separated out of the service and shifts conversations to this during all sessions.	Have explained to patient that they do not need to be separated (mild adjustment disorder), but patient seems to believe they should get out of the military.	Consider any of these options: • Address the fact that ADSEP is a Command decision and the patient should address their desire with their CoC. • Attempt to use motivational interviewing techniques to shift patient's focus over to staying in the service. • Change focus of sessions to exploring why patient wants to be out of service. • Set an agreement that you will try ___ months of therapy focused on getting better, not getting out. At end of the determined period, reassess need for an ADSEP.
Patient fears getting better will harm their medical board process, lowering their level of disability.	Encouraged patient to make as much progress as they can, regardless of how it will impact the MEB process/rating.	While therapy is actually intended for symptom remission, we must acknowledge that the patient may be committed to pursuing MEB and will not likely benefit from individual therapy focused on symptom remission. Consider any of these options: • Change focus of sessions to stabilization and reintegration into civilian life. • Add patient into a specific group for patients undergoing the MEB process.