Implementing Best Practices in Evidence-Based Psychotherapy Groups

CDP
Center for Deployment Psychology

Disclaimer

The views expressed are those of the presenter and do not necessarily reflect the opinions of the Uniformed Services University of the Health Sciences, the Department of Defense, or the U.S. Government.

CDP
Uniformed Services University

Clinic Optimization Toolkit

Modules

- Clinic Gap Analysis
- Patient Management
- EBP Utilization
- **Group Therapy Expansion**
- Technician Support
- Metrics
- Evaluation

Types of Resources

- Training Decks
- Fact Sheets & Handouts
- Forms & Templates
- Spreadsheets & Supporting Documents
- Standard Operating Procedures

CDP

Uniformed Services University

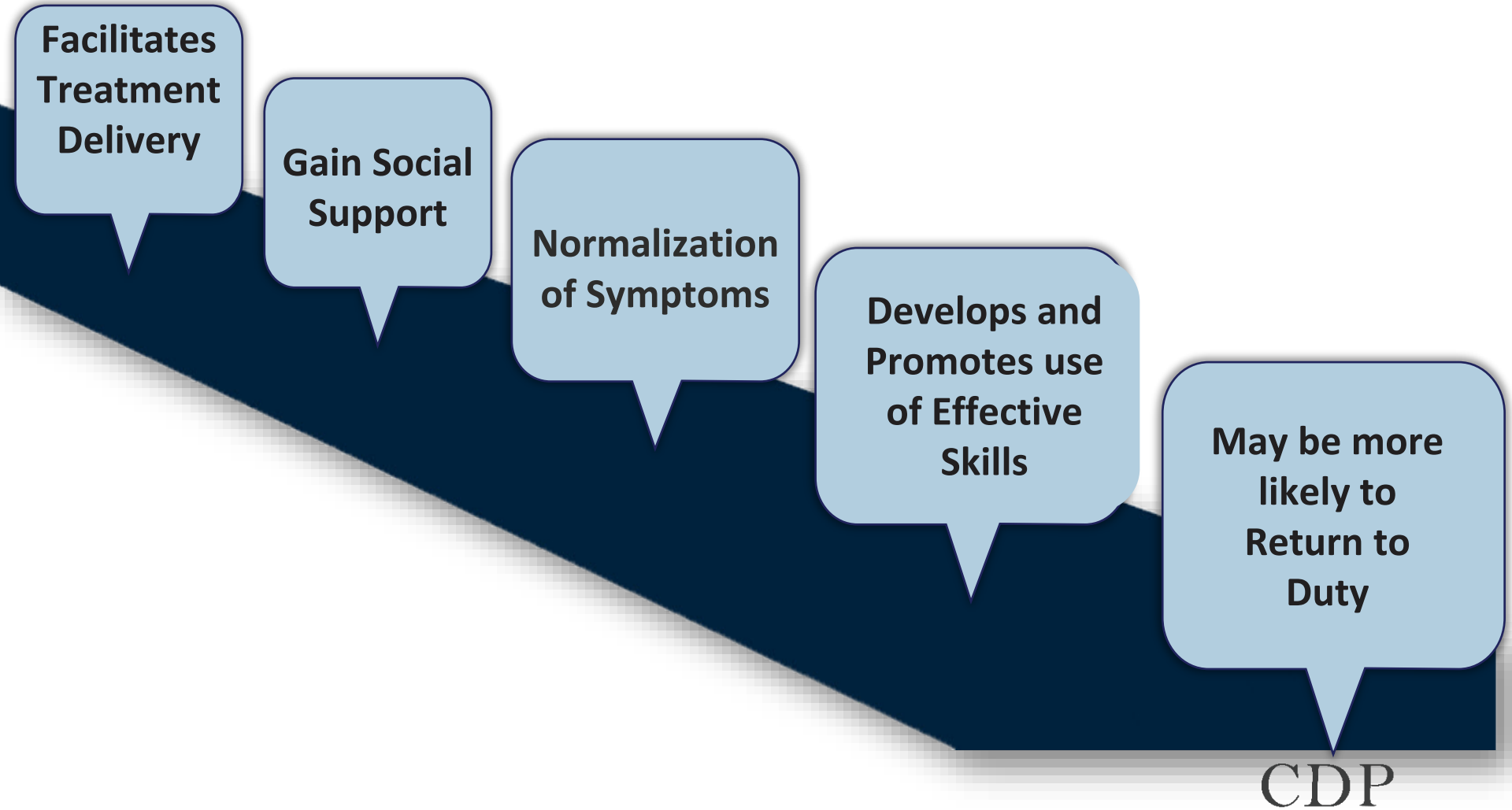
Learning Objectives

- Analyze best practices for implementing or expanding the use of group services in behavioral health clinics

- Distinguish how to increase leadership, provider, and patient buy-in for EBP groups.

CDP
Uniformed Services University

Advantages of EBP Groups



Barkowski et al., 2020; Burlingam et al., 2003; Rosendahl et al., 2021

CDP

Uniformed Services University

Which EBP Groups Should be Offered?

Needs of Population

Diagnosis or Problem

Gap Analysis:
EMR or Survey

CDP
Uniformed Services University

Group Types & Formats

EBP/Psychoeducational

- Fixed Number of Sessions
- Does Not Add New Members After Group Has Started
- Didactic/Classroom Style
- Structured/Protocol Driven

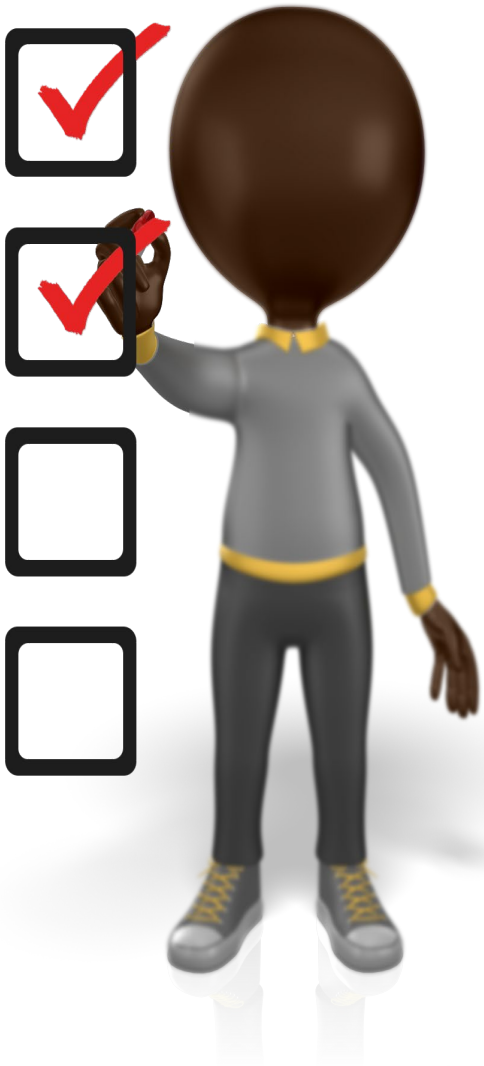
Interpersonal/Process

- Often No Time Limit
- Open Groups With New Members Joining Throughout
- Experiential
- Unstructured

CDP

Uniformed Services University

Reasons for Process Groups



- Efficient Long-Term Follow-Up
- Deep Interpersonal Work
- Maintain Provider Skills
- Provide Social Support

CDP

Uniformed Services University

Best Practices for Implementing Groups

CDP

Uniformed Services University

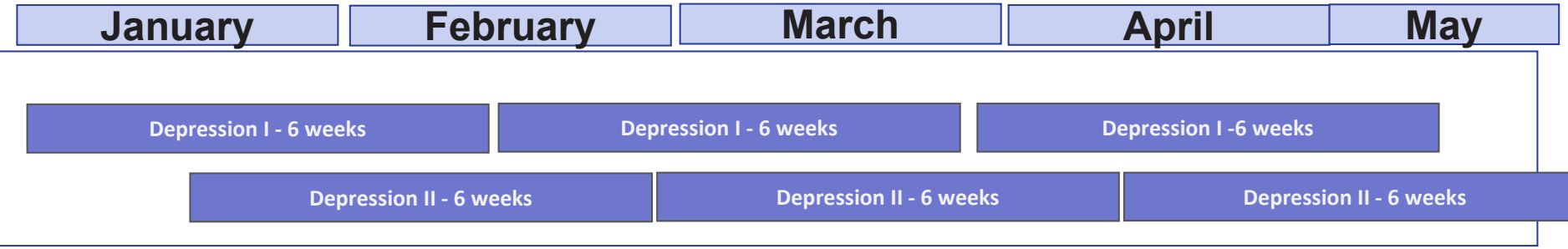
EBP Group Scheduling Best Practices

- Stagger Start Dates
- Multiple Groups on Same Day
- Consider Optimal Times to Increase Attendance

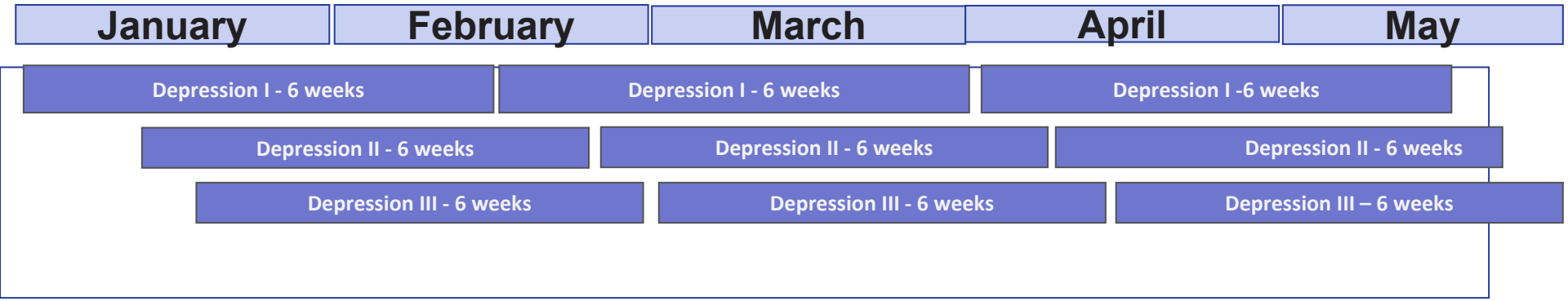
CDP
Uniformed Services University

Staggering Groups

Two Depression Groups- Staggered Every Three Weeks



Three Depression Groups- Staggered Every Two Weeks



CDP

Uniformed Services University

Photo by Jnn13, CC BY-SA 3.0 (http://creativecommons.org/licenses/by-sa/3.0), via Wikimedia Commons.

Ft. Somewhere

CDP

Uniformed Services University

EBP Group Expansion

Weekly schedule: EBP Group Therapy

Time / period	Monday	Tuesday	Wednesday	Thursday	Friday
0800-0830	Anger Management				
0830-0900	Ms. Smith				
0900-0930		Process Group			
0930-1000		Dr. Jones			
1000-1030					
1030-1100					
1100-1130					
1130-1200					
1200-1230					
1230-1300					
1300-1330					
1330-1400					
1400-1430					Stress Management
1430-1500					Dr. Flores
1500-1530					
1530-1600					

CDP

Uniformed Services University

Example Weekly Group Schedule

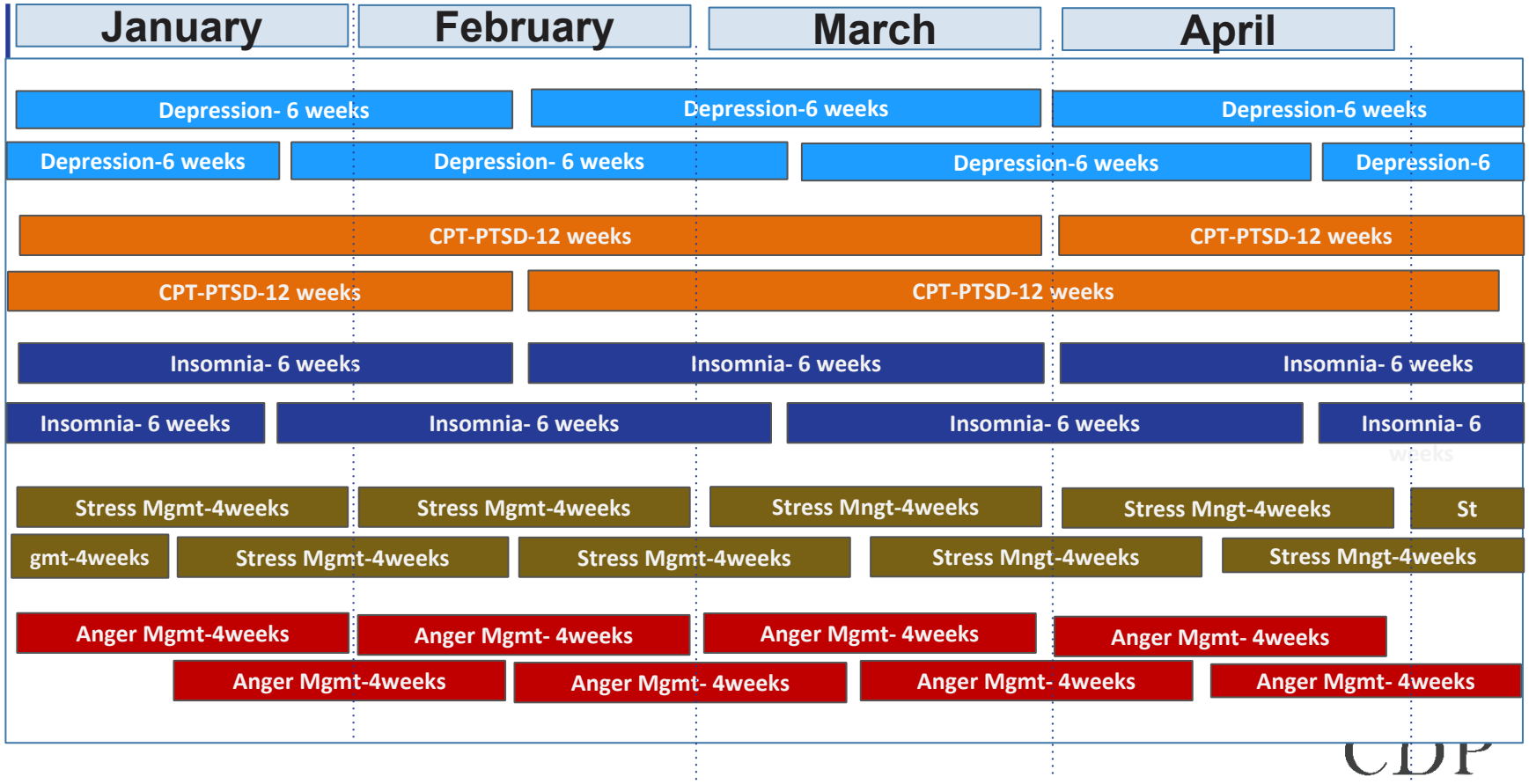
Weekly schedule: EBP Group Therapy

Time / period	Monday	Tuesday	Wednesday	Thursday	Friday
0800-0830					
0830-0900					
0900-0930	CBT-Depression (1)		CBT-Depression (2)		
0930-1000	(Dr. Jones)		(Dr. Jones)		
1000-1030					
1030-1100			Stress Management (1)		Stress Management (2)
1100-1130			HM1 Pick; Dr. Smith		HM1 Pick; Dr. Flores
1130-1200		CPT-PTSD (1)		CPT-PTSD (2)	
1200-1230		Dr. Flores	Anger Management (1)	Dr. Flores	Anger Management (2)
1230-1300			HM1 Pick; Dr. Smith		HM1 Pick; Dr. Flores
1300-1330					
1330-1400		CBT-Insomnia (1)		CBT-Insomnia (2)	
1430-1500		Dr. Smith		Dr. Smith	
1500-1530					
1530-1600					
1600-1630					

- Multiple Groups
- Staggered Cycles
- Low Number of EBP Providers
- Full Use of Technician Skills
- ~100 Patient Encounters Per Week

CDP
Uniformed Services University

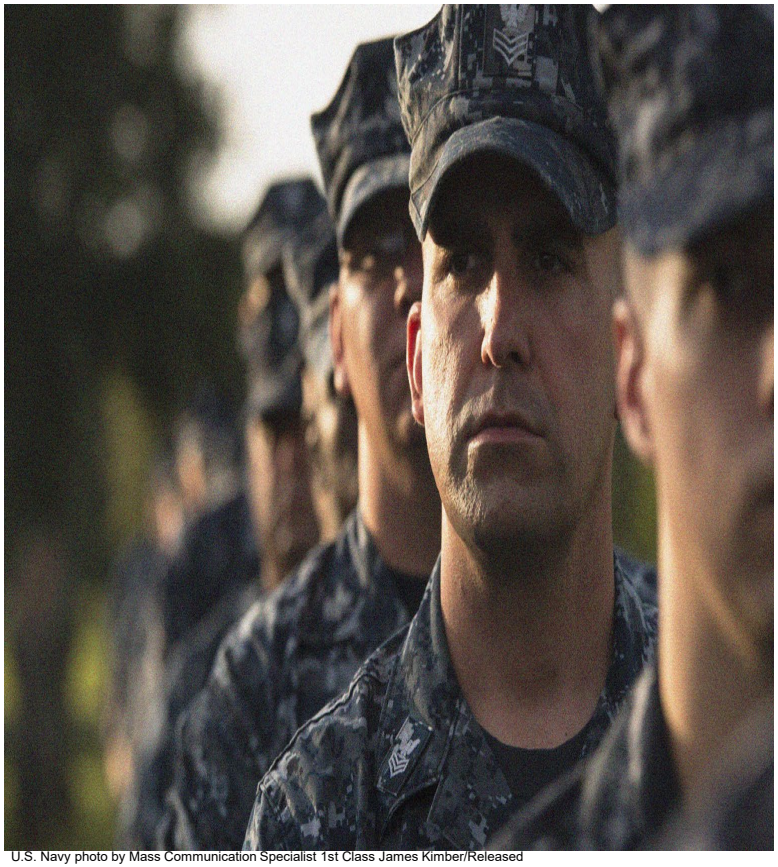
EBP Group Schedule



CDP

Uniformed Services University

Utility: Case Examples



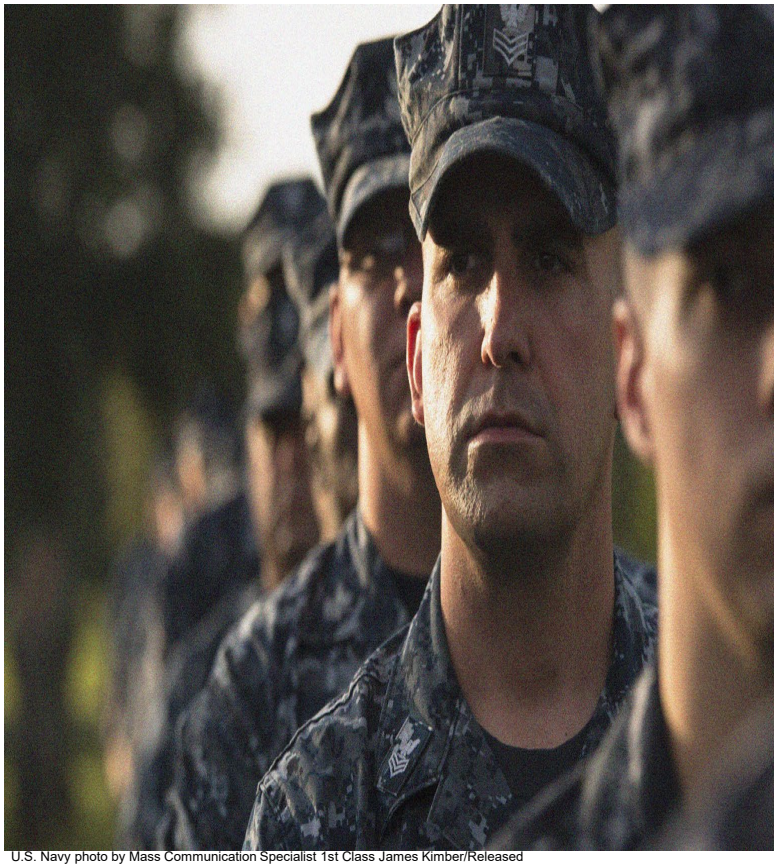
U.S. Navy photo by Mass Communication Specialist 1st Class James Kimber/Released

DoD photo by Sgt. A.M. LaVey, US Army released https://creativecommons.org/licenses/by-nc-nd/2.0/

CDP

Uniformed Services University

Example: PO1 Smith



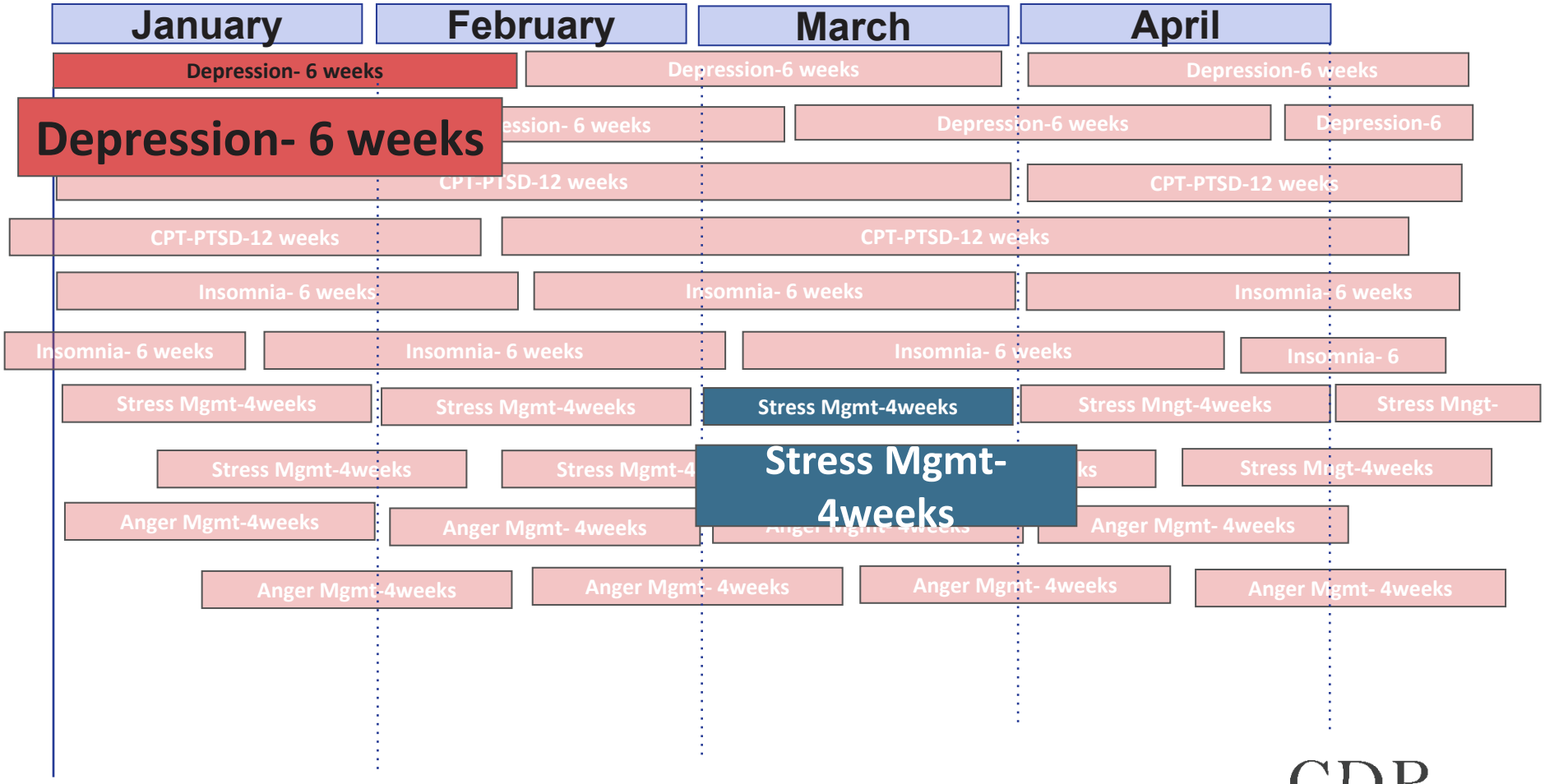
U.S. Navy photo by Mass Communication Specialist 1st Class James Kimber/Released

- Increased Stress
- Problems at Home
- Decreased Energy, Mood and Appetite
- Diagnoses: MDD and Relationship Distress

CDP

Uniformed Services University

EBP Group Schedule for PO1 Smith



CDP

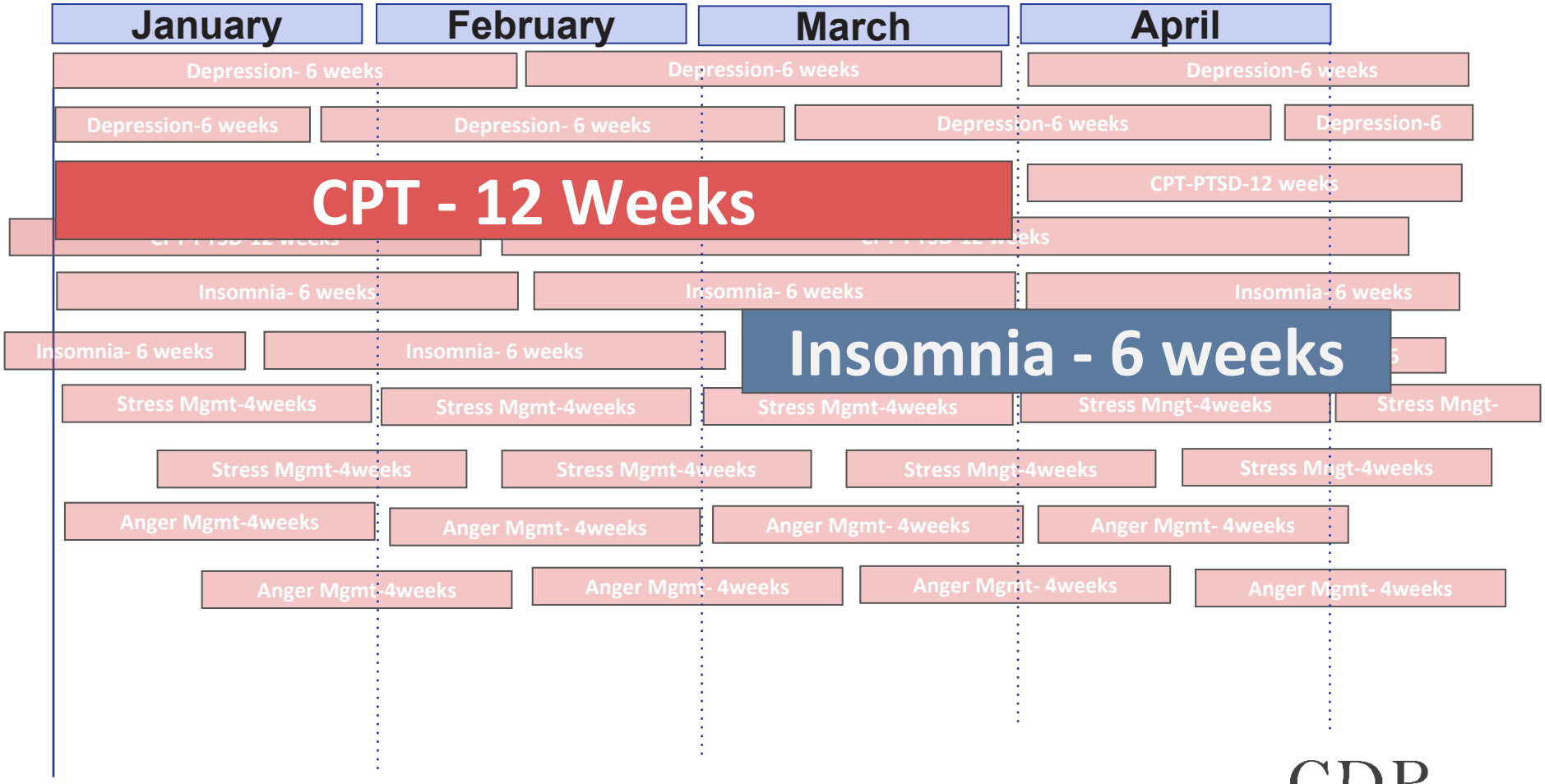
Uniformed Services University

Example: Lt Johnson

- Escaped Small Arms Fire and Mortars
- Blames Self for Not Saving Others
- 2-3 Hours of Sleep
- Flashbacks
- Diagnosis: PTSD

DoD photo by Sgt. A.M. LaVey, US Army released https://creativecommons.org/licenses/by-nc-nd/2.0/

EBP Group Schedule for Lt Johnson



CDP

Uniformed Services University

Best Practices for Provider Roles

U.S. Navy photo by Jacob Sippel, Nava Hospital Jacksonville/Released. Permissions Granted

- Collaborate with Group Lead
- Intake/treatment Plan Coordination
- Crisis Appointments
- Letters to Command
- MEB Decisions

U.S. Navy photo by Jacob Sippel, Nava Hospital Jacksonville/Released. Permissions Granted

CDP

Uniformed Services University

Steps To Expand Groups

1. Identify Providers
2. Simplify Referral Process
3. Create Provider Schedules to do Groups

CDP

Uniformed Services University

Step 1: Identify Group Providers

EBP Experience

Willingness for Training and Consultation

Incentivize Training

CDP

Uniformed Services University

Step 2: Streamline Referral Processes

- Clear Process
- Accessible Sign-Up Sheets
- Accessible Group Information
- Screening by BHT

Image: http://www.army.mil/article/93646/Counseling/

CDP

Uniformed Services University

Step 3: Sustain EBP Groups

"Clinic Within a Clinic"

"EBP Provider Carve Out"

Incentives

Technician Assistance

CDP

Uniformed Services University

Increasing Buy-In for Group Treatment

Increasing Group Buy-in: Leadership

- Change Clinic Practice
- More Complaints in Short-Term
- More Access to Care in Long-Term
- Decreased Risk for MTF
- Quality Assurance Initiative

CDP

Uniformed Services University

Increasing Group Buy-in: Providers

- Concerns about Training
- Concerns about Workload
- Concerns about Roles

CDP

Uniformed Services University

Increasing Group Buy-in: Providers

Streamline Referral Process

Utilize Patient outcomes

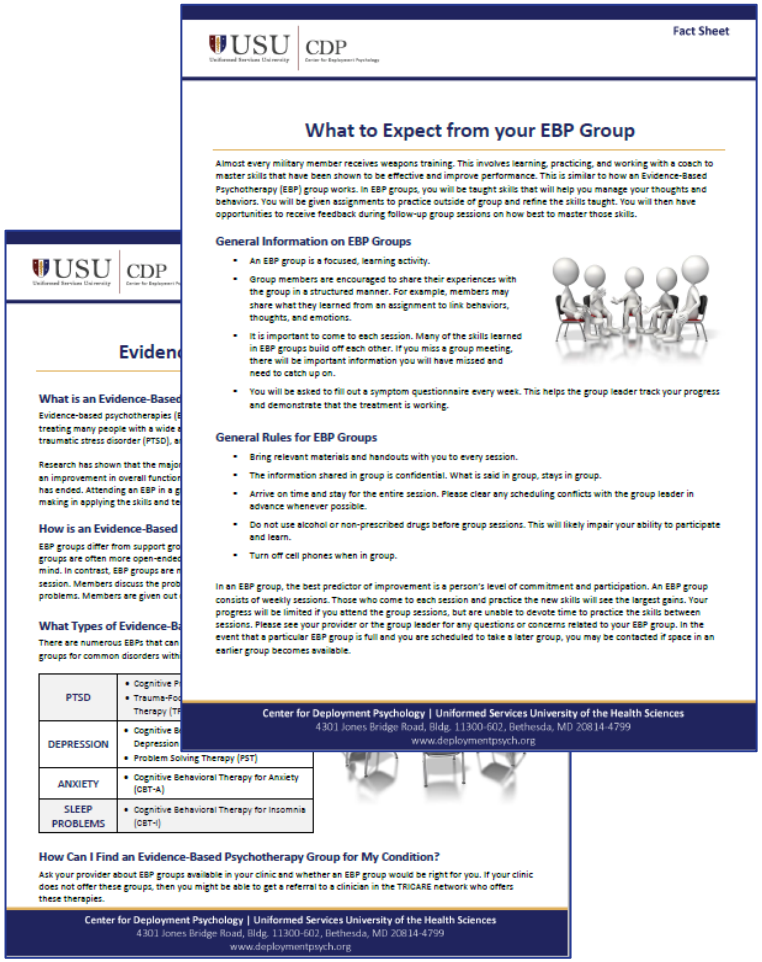
Ensure Collaboration

U.S. Army Image by SSG Jim Greenhil (released). https://www.usa.gov/government-works

CDP

Uniformed Services University

Increasing Group Buy-in: Patients


USU | CDP

Fact Sheet

What to Expect from your EBP Group

Almost every military member receives weapons training. This involves learning, practicing, and working with a coach to master skills that have been shown to be effective and improve performance. This is similar to how an Evidence-Based Psychotherapy (EBP) group works. In EBP groups, you will be taught skills that will help you manage your thoughts and behaviors. You will be given assignments to practice outside of group and refine the skills taught. You will then have opportunities to receive feedback during follow-up group sessions on how best to master those skills.

General Information on EBP Groups

- An EBP group is a focused, learning activity.
- Group members are encouraged to share their experiences with the group in a structured manner. For example, members may share what they learned from an assignment to link behaviors, thoughts, and emotions.
- It is important to come to each session. Many of the skills learned in EBP groups build off each other. If you miss a group meeting, there will be important information you will have missed and need to catch up on.
- You will be asked to fill out a symptom questionnaire every week. This helps the group leader track your progress and demonstrate that the treatment is working.

General Rules for EBP Groups

- Bring relevant materials and handouts with you to every session.
- The information shared in group is confidential. What is said in group, stays in group.
- Arrive on time and stay for the entire session. Please clear any scheduling conflicts with the group leader in advance whenever possible.
- Do not use alcohol or non-prescribed drugs before group sessions. This will likely impair your ability to participate and learn.
- Turn off cell phones when in group.

In an EBP group, the best predictor of improvement is a person's level of commitment and participation. An EBP group consists of weekly sessions. Those who come to each session and practice the new skills will see the largest gains. Your progress will be limited if you attend the group sessions, but are unable to devote time to practice the skills between sessions. Please see your provider or the group leader for any questions or concerns related to your EBP group. In the event that a particular EBP group is full and you are scheduled to take a later group, you may be contacted if space in an earlier group becomes available.

Center for Deployment Psychology | Uniformed Services University of the Health Sciences
4301 Jones Bridge Road, Bldg. 11300-602, Bethesda, MD 20814-4799
www.deploymentpsych.org

USU | CDP

What is an Evidence-Based

How is an Evidence-Based

What Types of Evidence-B

PTSD	• Cognitive P • Trauma-Fo Therapy (T
DEPRESSION	• Cognitive B Depression • Problem Solving Therapy (PST)
ANXIETY	• Cognitive Behavioral Therapy for Anxiety (CBT-A)
SLEEP PROBLEMS	• Cognitive Behavioral Therapy for Insomnia (CBT-I)

How Can I Find an Evidence-Based Psychotherapy Group for My Condition?

Ask your provider about EBP groups available in your clinic and whether an EBP group would be right for you. If your clinic does not offer these groups, then you might be able to get a referral to a clinician in the TRICARE network who offers these therapies.

Center for Deployment Psychology | Uniformed Services University of the Health Sciences
4301 Jones Bridge Road, Bldg. 11300-602, Bethesda, MD 20814-4799
www.deploymentpsych.org

Group is Norm

Emphasize Effectiveness

Advertising

Kracen et al., 2013

CDP
Uniformed Services University

Importance of Using Metrics

Process Improvement & Program Evaluation

Inform Reluctant Patients

Assure Providers of Group Benefits

CDP

Uniformed Services University

Resources for Implementation

CDP

Uniformed Services University

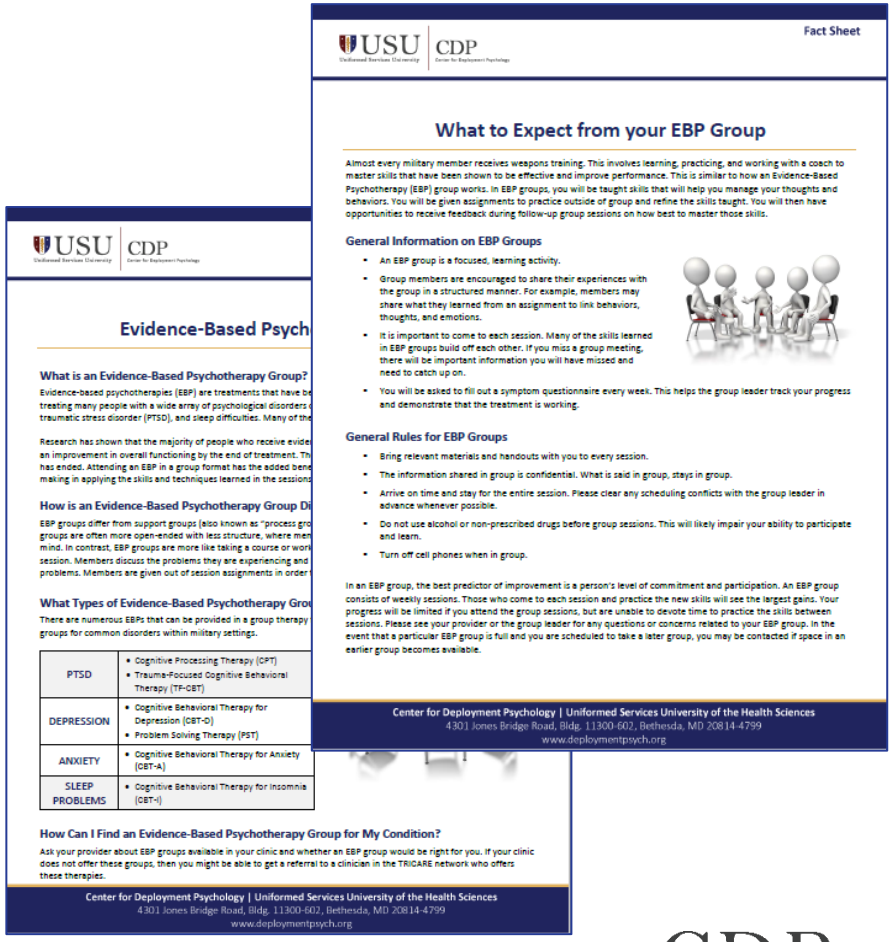
Toolkit Resources

- ***Training Decks***
- *Factsheets & Handouts*
- *Forms & Templates*
- *Spreadsheets & Supporting Documents*
- *Standard Operating Procedures*

CDP
Uniformed Services University

Toolkit Resources

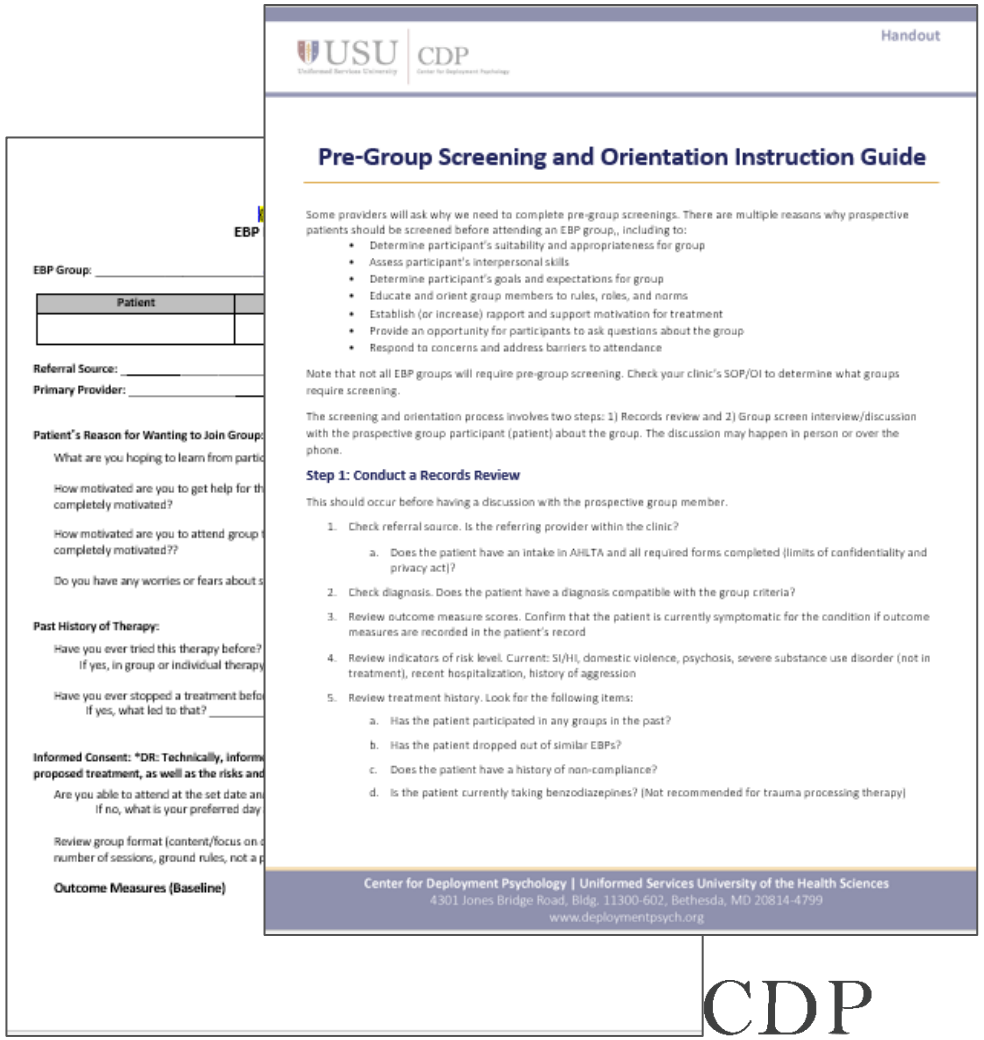
- *Training Decks*
- ***Factsheets & Handouts***
- *Forms & Templates*
- *Spreadsheets & Supporting Documents*
- *Standard Operating Procedures*



CDP
Uniformed Services University

Toolkit Resources

- *Training Decks*
- *Factsheets & Handouts*
- ***Forms & Templates***
- *Spreadsheets & Supporting Documents*
- *Standard Operating Procedures*



EBP

EBP Group: _____

Patient	

Referral Source: _____

Primary Provider: _____

Patient's Reason for Wanting to Join Group:

What are you hoping to learn from partic

How motivated are you to get help for th
completely motivated?

How motivated are you to attend group
completely motivated??

Do you have any worries or fears about s

Past History of Therapy:

Have you ever tried this therapy before?
If yes, in group or individual therapy

Have you ever stopped a treatment befo
If yes, what led to that? _____

**Informed Consent: *DR: Technically, inform
proposed treatment, as well as the risks and**

Are you able to attend at the set date an
If no, what is your preferred day

Review group format (content/focus on
number of sessions, ground rules, not a p

Outcome Measures (Baseline)

USU | CDP

Handout

Pre-Group Screening and Orientation Instruction Guide

Some providers will ask why we need to complete pre-group screenings. There are multiple reasons why prospective patients should be screened before attending an EBP group,, including to:

- Determine participant's suitability and appropriateness for group
- Assess participant's interpersonal skills
- Determine participant's goals and expectations for group
- Educate and orient group members to rules, roles, and norms
- Establish (or increase) rapport and support motivation for treatment
- Provide an opportunity for participants to ask questions about the group
- Respond to concerns and address barriers to attendance

Note that not all EBP groups will require pre-group screening. Check your clinic's SOP/OI to determine what groups require screening.

The screening and orientation process involves two steps: 1) Records review and 2) Group screen interview/discussion with the prospective group participant (patient) about the group. The discussion may happen in person or over the phone.

Step 1: Conduct a Records Review

This should occur before having a discussion with the prospective group member.

1. Check referral source. Is the referring provider within the clinic?
   a. Does the patient have an intake in AHLTA and all required forms completed (limits of confidentiality and privacy act)?
2. Check diagnosis. Does the patient have a diagnosis compatible with the group criteria?
3. Review outcome measure scores. Confirm that the patient is currently symptomatic for the condition if outcome measures are recorded in the patient's record
4. Review indicators of risk level. Current: SI/HI, domestic violence, psychosis, severe substance use disorder (not in treatment), recent hospitalization, history of aggression
5. Review treatment history. Look for the following items:
   a. Has the patient participated in any groups in the past?
   b. Has the patient dropped out of similar EBPs?
   c. Does the patient have a history of non-compliance?
   d. Is the patient currently taking benzodiazepines? (Not recommended for trauma processing therapy)

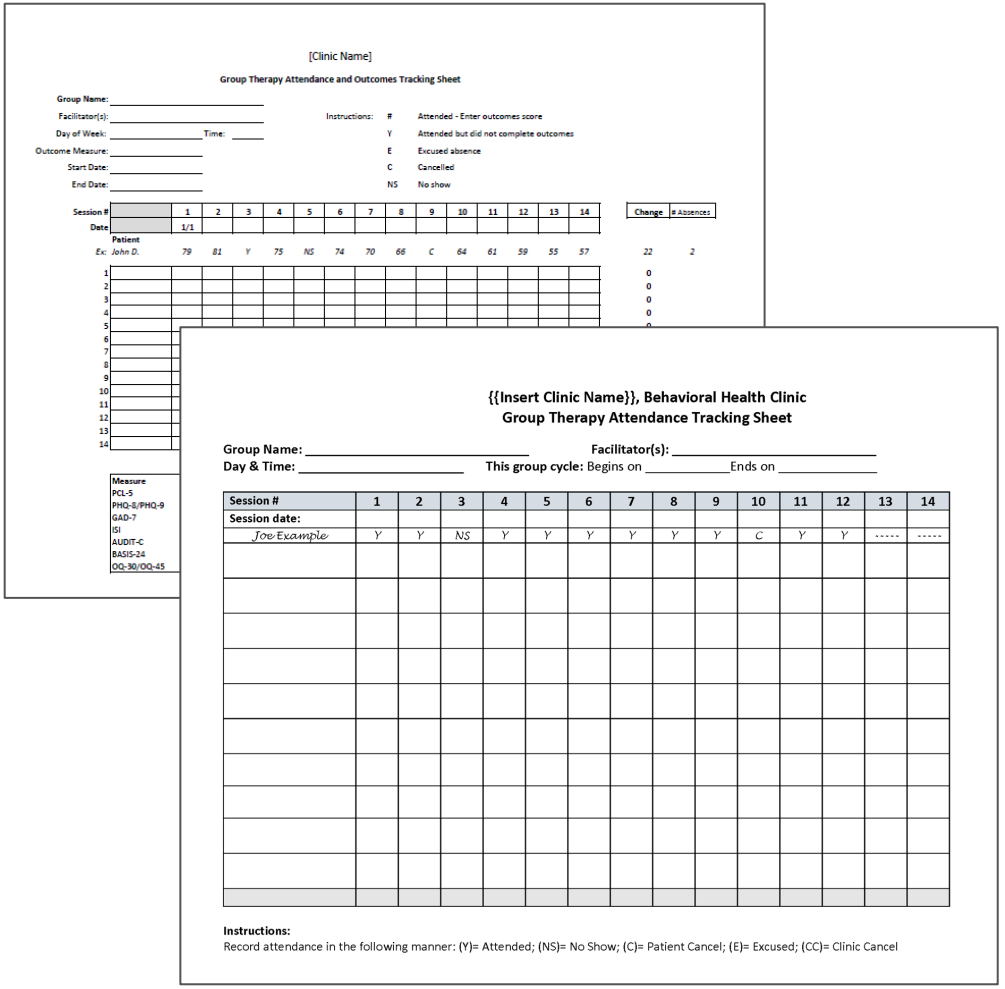
Center for Deployment Psychology | Uniformed Services University of the Health Sciences
4301 Jones Bridge Road, Bldg. 11300-602, Bethesda, MD 20814-4799
www.deploymentpsych.org

CDP

Uniformed Services University

Toolkit Resources

- Training Decks
- Factsheets & Handouts
- Forms & Templates
- **Spreadsheets & Supporting Documents**
- Standard Operating Procedures



[Clinic Name]

Group Therapy Attendance and Outcomes Tracking Sheet

Group Name: _____
Facilitator(s): _____
Day of Week: _____ Time: _____
Outcome Measure: _____
Start Date: _____
End Date: _____

Instructions: # Attended - Enter outcomes score; Y Attended but did not complete outcomes; E Excused absence; C Cancelled; NS No show

Session #	1	2	3	4	5	6	7	8	9	10	11	12	13	14	Change	# Absences
Date	1/1															
Patient																
Ex: John D.	79	81	Y	75	NS	74	70	66	C	64	61	59	55	57	22	2
1															0	
2															0	
3															0	
4															0	
5																
6																
7																
8																
9																
10																
11																
12																
13																
14																

Measure
PCL-5
PHQ-8/PHQ-9
GAD-7
ISI
AUDIT-C
BASIS-24
OQ-30/OQ-45

{{Insert Clinic Name}}, Behavioral Health Clinic
Group Therapy Attendance Tracking Sheet

Group Name: _____ Facilitator(s): _____
Day & Time: _____ This group cycle: Begins on _____ Ends on _____

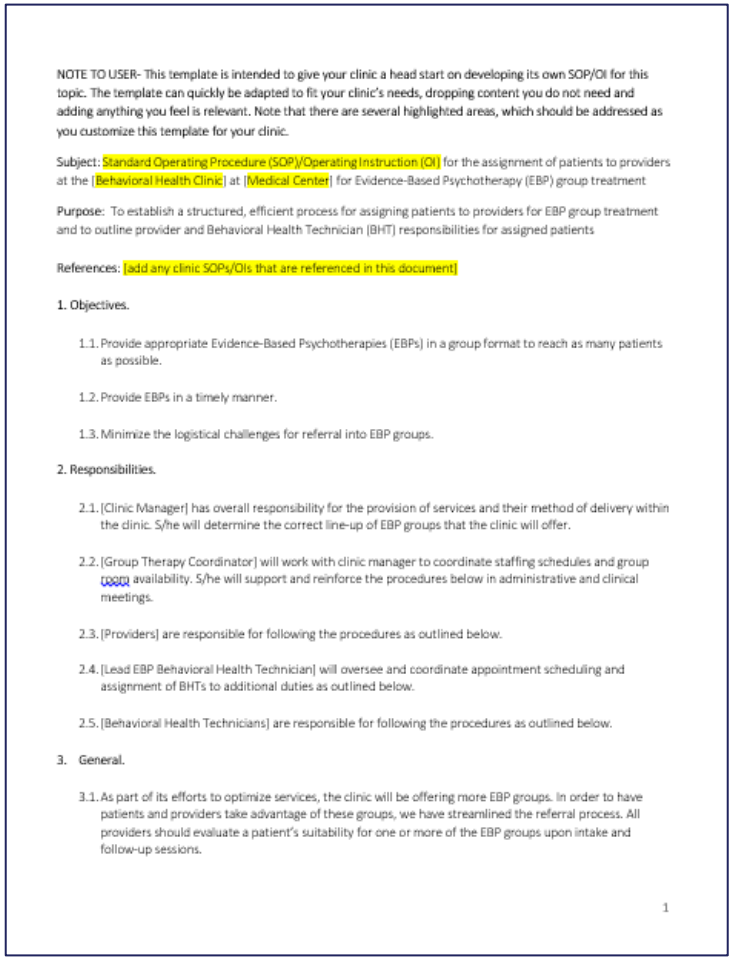
Session #	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Session date:														
Joe Example	Y	Y	NS	Y	Y	Y	Y	Y	Y	C	Y	Y	-----	-----

Instructions:
Record attendance in the following manner: (Y)= Attended; (NS)= No Show; (C)= Patient Cancel; (E)= Excused; (CC)= Clinic Cancel

CDP
Uniformed Services University

Toolkit Resources

- *Training Decks*
- *Factsheets & Handouts*
- *Forms & Templates*
- *Spreadsheets & Supporting Documents*
- ***Standard Operating Procedures***



NOTE TO USER- This template is intended to give your clinic a head start on developing its own SOP/OI for this topic. The template can quickly be adapted to fit your clinic's needs, dropping content you do not need and adding anything you feel is relevant. Note that there are several highlighted areas, which should be addressed as you customize this template for your clinic.

Subject: Standard Operating Procedure (SOP)/Operating Instruction (OI) for the assignment of patients to providers at the [Behavioral Health Clinic] at [Medical Center] for Evidence-Based Psychotherapy (EBP) group treatment

Purpose: To establish a structured, efficient process for assigning patients to providers for EBP group treatment and to outline provider and Behavioral Health Technician (BHT) responsibilities for assigned patients

References: [add any clinic SOPs/OIs that are referenced in this document]

1. Objectives.

1.1. Provide appropriate Evidence-Based Psychotherapies (EBPs) in a group format to reach as many patients as possible.

1.2. Provide EBPs in a timely manner.

1.3. Minimize the logistical challenges for referral into EBP groups.

2. Responsibilities.

2.1. [Clinic Manager] has overall responsibility for the provision of services and their method of delivery within the clinic. S/he will determine the correct line-up of EBP groups that the clinic will offer.

2.2. [Group Therapy Coordinator] will work with clinic manager to coordinate staffing schedules and group room availability. S/he will support and reinforce the procedures below in administrative and clinical meetings.

2.3. [Providers] are responsible for following the procedures as outlined below.

2.4. [Lead EBP Behavioral Health Technician] will oversee and coordinate appointment scheduling and assignment of BHTs to additional duties as outlined below.

2.5. [Behavioral Health Technicians] are responsible for following the procedures as outlined below.

3. General.

3.1. As part of its efforts to optimize services, the clinic will be offering more EBP groups. In order to have patients and providers take advantage of these groups, we have streamlined the referral process. All providers should evaluate a patient's suitability for one or more of the EBP groups upon intake and follow-up sessions.

1

CDP

Uniformed Services University

Summary

- Analyze best practices for implementing or expanding the use of group services in behavioral health clinics

- Distinguish how to increase leadership, provider, and patient buy-in for EBP groups.

CDP
Uniformed Services University

Clinic Optimization Toolkit

Modules

- Clinic Gap Analysis
- Patient Management
- EBP Utilization
- Group Therapy Expansion
- Technician Support
- Metrics
- Evaluation

Types of Resources

- Training Decks
- Fact Sheets & Handouts
- Forms & Templates
- Spreadsheets & Supporting Documents
- Standard Operating Procedures

CDP

Uniformed Services University

Center for Deployment Psychology

Department of Medical & Clinical Psychology
Uniformed Services University of the Health Sciences
4301 Jones Bridge Road
Bethesda, MD 20814-4799

Contact Us

Email: cdp-ggg@usuhs.edu
Website: deploymentpsych.org
Facebook: http://www.facebook.com/DeploymentPsych
Twitter: @DeploymentPsych

CDP
Uniformed Services University