This guide is designed to help providers tackle one of the most difficult issues they face in managing their caseloads: making changes to a patient’s treatment plan that the patient may not agree with. The guide runs through some common scenarios that happen in practice, providing examples of a provider successfully managing the scenario. Wherever applicable, additional materials (e.g., template for a letter to patient) are also included.

Disclaimer: Transitions in levels of patient care can be contentious, especially when the patient desires to stay at their current level, which is why these examples are provided. This guide provides a guide for handling the process of transitioning a case to a lower level of care once you have made a decision to proceed with a change. You should, however, follow your own clinical judgment, seek consultation from fellow providers, and follow applicable legal and ethical guidelines.

Scenarios covered in this guide:

1. Provider decides to end individual therapy due to significant symptom remission.
   * Example A: Ending individual therapy and transferring to a group
   * Example B: Ending regularly scheduled care altogether
2. Provider decides to end or suspend therapy due to multiple missed and/or canceled appointments.
   * Example A:

Option 1: Ending regularly scheduled care altogether

Option 2: Postponing individual therapy until patient completes a cycle of an EBP group

Option 3: Ending individual therapy but transferring to a process group

* + Sample letter to patient ending therapy due to patient’s inability to reschedule
  + Treatment Plan Update: Agreement regarding continuing individual therapy (attendance version)

1. Provider decides to end therapy due to patient’s inability or unwillingness to complete homework or follow through on other between session tasks.
   * Example A:

Option 1: Ending regularly scheduled care until patient completes homework assignment (contingency based appointments)

Option 2: Ending therapy unless patient completes a cycle of a group (including all homework assigned in group)

Option 3: Ending therapy but transferring to a process group

* + Treatment Plan Update: Agreement regarding continuing individual therapy (homework version)

**Scenario #1:** Provider decides to end individual therapy due to significant symptom remission. The therapist points out that the patient is no longer symptomatic enough to need weekly individual care. We have two examples for this scenario, one offering a follow-on process group (Example A) and a second that ends therapy altogether (Example B).

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| **Example A** | **Comments/Rationale** |
| Therapist: *So SGT Rias, I’d like to follow-up on our conversation from last week about ending therapy. As I look at the progress you have made in therapy, I have been very pleased with how much your symptoms have improved. You should be proud of the work you have done, especially the exposure exercises you completed to confront your reactions to crowds and other triggers. And if you think back to how your symptoms were holding you back (interfering) at work, in your social relationships, and in your pursuit of other live goals, you’ve really come a long way.*  *{{shows patient print out of scores on outcome measure(s)}}*  *We can see that your scores on the PCL have steadily declined and are now in the sub-clinical range. This means that your scores on this scale are about the same as people who don’t have the disorder! This is the point in therapy where most people can either set a date to stop coming in regularly or move to a maintenance group for continued therapy. If you think you’ve improved enough to consider ending therapy, then we’d set a date for our last session a few weeks from today.*  SGT Rias: *Well, I have been feeling a lot better, but I still have some nightmares and did have a panic attack about two weeks ago. Doesn’t that mean I should still come in?*  Therapist: *As we’ve previously talked about, it’s important to have clear expectations. It’s common to still have some PTSD symptoms even after successful treatment. You may have nightmares occasionally for the next several years, but they should increasingly become less intense and bother you less. Does that make sense?*  SGT Rias: *Sure Doc, but what if I need help later, like if my nightmares get worse again or I go back to losing control of my temper and things like that?*  Therapist: *That’s a great question and shows you’re thinking ahead. I think you would be okay without regular follow-up, especially if you know that you can come in as-needed, meaning that you can and should book a follow-up if something happens, like your symptoms come back like they were BEFORE therapy, or if they are even worse than before therapy. But if you would like continued support, then we can also have you check out our maintenance groups.*  SGT Rias: *What is the maintenance group thing? Should I go into something like that?*  Therapist: *These groups are for people who have ended individual therapy, but may need some extra help from time to time. They are a great option, especially if you aren’t sure if you want to stop checking in regularly with us at the clinic.*  SGT Rias: *Is that something I have to make a commitment to, like having to come to all 12 sessions in the other group?*  Therapist: *No, these are “drop in”, meaning you come as much or a little as you need. You probably will want to come in regularly at first so the provider can get to know you though.*  SGT Rias: *I’d like to try out a group, when would I get started on that?*  *{{Therapist sets patient up with referral into the maintenance group and schedules one last individual session to happen after the patient has completed a few group appointments.}}* | Provider had laid the groundwork prior to this meeting.  Using scores on outcome measures helps show the progress made, especially if there is a non-clinical threshold to the measure. |
| Provider is setting a realistic expectation that therapy will not prevent all future symptoms    Offering a group as a transition is appropriate for patients who are hesitant about ending therapy altogether.    Provider is setting a realistic expectation that therapy will not prevent all future symptoms. |

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| **Example B** | **Comments/Rationale** |
| Therapist: *So MM2 Buckley, let’s talk some more about when to end therapy. Like we discussed last week, you have made a lot of progress with the therapy and I hope that you are pleased with how much your symptoms have improved.*  *{{Therapist shows patient print out of scores on outcome measure(s)}}*  *Your scores on the PHQ have steadily gone down, and like we talked about last week, you are in the range where people normally stop coming in weekly for treatment. That’s because when symptoms are this low, you have about the same level of depression as you did before you had the disorder. Last week, you said that you are feeling pretty well in general and your life is fuller now than in the recent past; your relationships have improved, you’re engaging in your hobbies, and work is good, too. So I asked you to start thinking about a plan for how you can stay on the right track as far as using the skills you have learned to manage depression. Did you have a chance to read the handout on preventing a relapse?*  MM2 Buckley: *Yeah, I read through the handout and the advice made sense. To be honest, my wife is a little nervous about me stopping the therapy. She knows this helped and wants to make sure the depression doesn’t come back.*  Therapist: *Well, I fully understand her point. From what we’ve discussed, being depressed took a toll on the relationship, and I’m sure you don’t want to go back to that part of your life again either. I want you and her to understand that worrying about depression coming back is normal, and actually can be helpful since it can motivate you to continue to practice the skills you have learned. This is much like worrying about cavities, which motivates us all to brush our teeth! Does that make sense?*  MM2 Buckley: *Yeah, it does. What all can I do to make sure the depression doesn’t come back?*  Therapist: *Great question. Let’s go through the handout in depth and talk about how to set up things so that you can regularly use the skills from therapy.*  *{{Therapist reviews handout on relapse prevention, adapting to patient’s individual circumstances}}*  MM2 Buckley: *Well, I think I’ve got it and can do all of this stuff. What happens now as far as therapy goes?*  Therapist: *Let’s plan on having one last session; just as a check-in to make sure things are still going well. I usually do these about a month out. Does that sound okay?*  MM2 Buckley: *That sounds great, Doc.*  Therapist: *You should also know that if something comes up and your depression comes back, then you could call the clinic and get booked with me again. Let’s get that last appointment set up.* | Provider sets the stage early for termination.  Using scores on outcome measures helps show the progress made, especially if there is a non-clinical threshold to the measure.  Provider validates concern, but still sets a realistic expectation about future symptoms.  Adequate discussion of relapse prevention can better prepare patients for bumps in the road later.  Final check-in appointments a month out allows patient to “test” being away from therapy.  Provider ensures patient knows to return to care if significant symptoms return. |
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**Scenario #2:** Provider decides to end individual therapy due to patient missing and/or cancelling several appointments in a row. This situation assumes that the provider has made several attempts to assist the patient in problem-solving obstacles to regular follow-ups such as offering to speak with a Command representative such as a first-level supervisor or offering appointments on different days and/or times. All of which should be documented. Provider has greeted the patient and taken a short period of time at the onset of the therapy hour to establish that there are no crises or significant changes in the patient’s clinical situation. We cover one example with three different endings. The first ending (Option #1) has the therapist ending regular therapy altogether. The second ending (Option #2) requires the patient to complete a full course of an EBP group within the clinic before booking more individual appointments. The third ending (Option #3) has the provider transferring the patient into a process group for continued care.

* See the one page form, “Treatment Plan Update Attendance”, at the end of this section for a means of documenting discussions regarding changes in level of care with the patient.
* For patients that the clinic cannot reach to have a discussion about ending care, a one-page form letter is also included to notify patients that care is suspended until they re-contact the clinic.

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| **Example A** | **Comments/Rationale** |
| Therapist: *CPT English, I’m glad to hear that things are fairly steady with your work situation and your relationship with your husband. I also noticed that your scores on the outcome measures have also stayed steady.*  *{{Therapist shows patient print out of scores on outcome measure(s)}}*  *I believe you’re not seeing any improvement on your scores because you haven’t been able to make it in for your appointments on a regular basis. At our last session, I mentioned how therapy does not work well if it’s not done in a regular manner, with the patient coming in weekly or every other week. Since we’ve only had three appointments, and there are several weeks in between each appointment, we aren’t likely to see much progress in your symptoms. Does that make sense?*  CPT English: *Yes, and I have really meant to keep these appointments, but a million things have come up and it was just impossible. I’m sorry that I’ve missed appointments. I hope to be able to come in more often.*  Therapist: *I understand that you are very busy and that you really want to come in, but we have to acknowledge the fact that you may not be at a point where therapy is practical for you. You have cancelled or no-showed for the last 4 appointments, meaning that the clinic loses that therapy slot, which we can’t do regularly.*  CPT English: *Yeah, I get it, but my schedule is pretty hectic. I really do enjoy being able to come in and talk through these things that I’m dealing with. It helps to be able to unload this with someone who understands.*    **At this point, the therapist can go in several directions for how to handle this situation. First, let’s run through the therapist terminating regular treatment altogether.**  **Option # 1**  Therapist: *I understand that you feel better after coming in and talking about what is going on in your life, but I have to be frank. Only coming in occasionally isn’t going to really help you. Since it’s not likely that you’re going to be able to come in on a regular basis, I think it’s best we end therapy.*  CPT English: *Well, I hear you, but I’d like to be able to come in, even if I need to cancel sometimes. I don’t want to be punished for having a busy schedule.*  Therapist: *I hope you understand that in no way does anyone at the clinic want to punish you, but I have to be responsible as a provider. If you can’t come in regularly, then you aren’t likely to get better and continuing with treatment is not really a good choice. We lose the ability to book someone who is able to come in. What I’d like to offer you is the ability to come back into care at the clinic in a few months, once your schedule lets you make therapy a priority.*  CPT English: *Well, I understand you don’t want to lose therapy slots, but I don’t like this approach.*  Therapist: *I understand; however, I do feel this is the right course. I really do look forward to working with you on your depression and relationship issues once you can free up time to attend therapy. What I’d like you to do is call the clinic in two to three months, once things settle down and you have time to come in. You can ask to be booked for an intake appointment and we’ll take a look at where you are at that time.*  *Of course, if you have some crisis or a worsening in your symptoms, you can call and get booked earlier, or if you are feeling suicidal, come in to the clinic or go to the nearest ER. Does that make sense?*  CPT English: *I still don’t like this, but I will try to shift things around in the next few months so that I will be able to come in regularly.*  *{{Therapist covers instructions for calling back to be re-booked and how to engage care if she develops suicidal ideation}}*  **Now, let’s run through the therapist offering continued individual follow-up after the patient successfully completes a course of EBP therapy.**  **Option # 2**  Therapist: *I understand that you feel better after coming in and talking about what is going on in your life, but I have to be frank. Only coming in occasionally isn’t going to really help you. Since it’s not likely that you’re going to be able to come in on a regular basis, I think it’s best we suspend individual therapy.*  CPT English: *Well, I hear you, but I’d like to be able to come in. I will shift things around and won’t cancel any more appointments.*  Therapist: *If you think you can come in on a regular basis, then let’s try something in the middle. Rather than suspending therapy, I’d like to refer you into the CBT for Depression group. The group runs every week for 8 weeks and meets on the same day as our regular appointment time.*  CPT English: *You wanted me to do that group before, but I told you I don’t like the idea of group therapy.*  Therapist: *I understand, but the group is actually more like attending a workshop than what most people think of as group therapy. What I suggest is that you sign up for the group, and if you really have made therapy a priority, then you will be able to attend all the sessions and complete the homework for it. This is a test for yourself to see if you can really make the commitment for coming in weekly. If you find that you can’t shift things around, then at least the clinic doesn’t lose individual therapy slots.*  CPT English: *This sounds like I’m on probation. What happens if I can’t make all of the sessions?*  Therapist: *It’s not probation, but it is a test for yourself to see if you are able to make therapy a priority. Not to mention, the therapy itself will help your depression, especially if you do the exercises and learn the skills. Another benefit is that the things you will learn in the group classes will jump-start our individual therapy once you finish the group.*  CPT English: *So, if I do all of these classes, then I can still come in to see you?*  Therapist: *Yes, that’s the offer. The treatment in the group will be very helpful and you will get a chance to prove to yourself that you can shift your other commitments around.*  CPT English: *Well, I guess I will try it. How do I get information on the group?*  {{Therapist covers the brochure for the CBT group and walks the patient to the front desk to sign him/her up for the group}}  **Now, we’ll cover the last outcome, where the therapist ends individual therapy and refers the patient into an ongoing process group within the clinic.**  **Option # 3**  Therapist: *I understand that you feel better after coming in and talking about what is going on in your life, but I have to be frank. Only coming in occasionally isn’t going to really help you. Since it’s not likely that you’re going to be able to come in on a regular basis, I think it’s best we suspend individual therapy.*  CPT English: *I hear you, and I am sorry about missing appointments, but I’d like to be able to come in. It really does help to talk through things.*  Therapist: *I understand that you feel better by being able to talk through problems, but also know that you can’t always come in on a regular basis. What I’d like to have you try is something in the middle. Rather than have to end therapy altogether until your schedule clears up, I’d like to refer you into one of the interpersonal groups we have in the clinic. These groups are run on Wednesdays and Fridays. They provide patients a place to come in and discuss their issues and learn from other people how they are handling their own issues.*  *CPT English: How does this solve the fact I have to miss a lot of appointments? Seems like I’ll just be missing groups instead.*  Therapist: *Well, you are right. This doesn’t make it easier for you to come in, as you will still have the same schedule to work around. The advantage of this plan is that if you miss a session or two of the group, it’s okay. Since they have 4-6 people every week, you would be missed, but the group can still happen. These groups are more flexible when it comes to missing sessions. But, you will still want to make coming in a priority, especially in the first couple months, so you get to know the group members and they get to know you.*  CPT English: *I can try the group and I will do my best to come every week. Can I still come in and get individual therapy?*  Therapist: *I don’t want to rule anything out, but right now I don’t think it’s a good idea for you to try coming in twice a week, especially with your schedule. Let’s try to set up a follow-up after you have tried the group for several weeks, where we can re-assess if you still feel that individual therapy would be more beneficial than the group.*  CPT English: *I guess I will try the group. How do I get information on getting into the group?*  {{Therapist covers the format and structure of the interpersonal groups and walks him/her to the front desk to sign the patient up for the group}} | Ensures that the patient’s condition is stable before moving forward.   Reviewing outcome measures to show lack of progress will reinforce the upcoming point that although therapy feels good, the patient isn’t truly benefiting.  Most patients who no-show a lot do feel bad.  Therapist acknowledges patient being busy, but is firm about the consequences to the clinic. This is helpful as many patients feel that they are cancelling “my” appointments, and don’t look at the whole picture of a clinic having a limited number of appointments for everyone they see.      Acknowledge what the patient is getting out of therapy, but point out that real progress is the actual goal of therapy.  Therapist is careful to correctly frame the decision to terminate therapy as a pragmatic issue, and not as anything punitive.  Therapist conveys s/he wants to work with the patient, validating his/her desire to get better, and clarifying this is purely a pragmatic scheduling issue. Therapist provides instruction for what to do in a few months once the patient’s schedule is less hectic.  Acknowledge what the patient is getting out of therapy, but point out that real progress is the actual goal of therapy.    The CBT groups would be beneficial for helping the patient learn skills.  If the patient misses several of the group sessions, there will be less impact on the clinic compared to missing several individual follow-ups.  You will want to have some internal criteria for how to handle if the patient misses one or two of the groups. (Missing one of 8 would actually not be that out of the ordinary).  The provider is careful not to frame this as a probation period or anything that sounds punitive. This is actually a test for the patient to see if they can follow-through on a commitment to their own care.    Acknowledge that the patient isn’t able to come in regularly, and suggest an alternative for their situation.  The provider running these interpersonal groups would of course need to be okay with some patients missing sessions at times.    Trying both individual and groups each week is setting the patient up for failure. It is better to do a follow-up appointment later to see how the patient is adapting to group. |
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# **Template Form Memorandum for Discontinuation of Care Due to Missing and/or Cancelled Appointments**

# \_\_\_\_\_\_{{Date}}\_\_\_\_\_\_\_

MEMORANDUM FOR RECORD

# FROM: Head, Behavioral Health Department

# TO: \_{{Patient Name}}\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SUBJECT: DISCONTINUATION OF CARE NOTIFICATION

1. As of {{Date}} you have either missed three consecutive appointments at the {{Clinic Name}}, {{MTF Name}}, {{City, State}}, or have been unavailable when we have attempted to schedule follow-up care. The clinic makes multiple attempts to contact patients who no-show (reference your SOP, if you have an applicable one) in order to schedule a follow-up; however, after a reasonable number of calls or emails, we must stop reaching out if we receive no reply.
2. Based on missed appointments and/or our inability to reach you, we are concluding that you are no longer interested in services or are unable to pursue services at this time. Your case will therefore be considered closed and we will not actively pursue scheduling you for a follow-up. If you desire further care from the {{Clinic Name}}, please contact the clinic at {{#}} to re-enter care. Depending on the length of time since your last appointment, you may need to be booked into an intake appointment so that the new provider will have sufficient time to review your history and current symptoms.
3. If you need any emergency services, please contact the {{Clinic Name}}, your local emergency room, your chaplain, or your chain of command.
4. If you have any questions or concerns please contact the {{Clinic Name}} at {{#}}.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Signature

# {{Clinic Head}}

**Treatment Plan Update: Attendance**

As part of your care plan, we have discussed the need to attend therapy sessions on a regular basis and how missing appointments limits the progress that can be made in therapy. The original treatment plan involved weekly individual therapy sessions for a number of weeks; however, due to various reasons, it has not been possible for you to attend at regular intervals.

We have discussed the obstacles to attending therapy sessions and tried to problem-solve ways to get around these obstacles. It is my sincere hope that you can work around these obstacles and find time in your schedule to attend therapy on a regular basis.

As your provider, I have recommended the following course of action for moving ahead.

\_\_\_ 1) Patient will end regular individual therapy at this time and reach out to the clinic in \_\_\_ months in order to re-enter care. This timeframe will allow time for any scheduling issues to be resolved so the patient can focus on therapy.

\_\_\_ 2) Patient will enroll in and complete all sessions of an EBP group, including homework assignments from this group. Based on discussion with the patient, the following group was selected: \_\_\_\_\_\_\_\_\_\_\_\_. The patient will reach out to the clinic to book an appointment with the provider after completing the course of group therapy.

\_\_\_3) Patient will join one of the clinic’s interpersonal therapy groups for regular follow-up. After looking at availability, the group on \_\_\_\_\_\_\_\_\_\_\_\_ run by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ was selected. After several sessions of group, patient will reach out to the clinic to book an individual follow-up appointment if needed.

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| I understand the rationale for this change in my treatment plan, and I have had a chance to ask questions regarding the change. | Patient Signature: |
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**Scenario #3:** Provider decides to end therapy due to patient’s inability or unwillingness to complete homework or follow through on other between session tasks. This scenario assumes that the patient in question was informed of this requirement during their intake or whenever Informed Consent was given. In this scenario, a military family member has been in treatment for depression but has not been completing homework assignments. The therapist has trouble keeping sessions from devolving into just letting the patient discuss the events of her week. The provider has greeted the patient and taken time at the onset of the therapy hour to establish that there are no crises or significant changes in the patient’s clinical situation. The example has three different endings, showing different options for handling such a case. The first option makes future individual appointments contingent on completing homework assignments. The second option makes continued individual therapy appointments contingent on completing a course of EBP group that requires homework. The third option involves referring the patient into an ongoing interpersonal therapy group.

* See the one-page form, “Treatment Plan Update Homework,” at the end of this section for a means of documenting discussion regarding changes in level of care with the patient.

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| **Example A** | **Comments/Rationale** |
| Therapist: *Mrs. Gladwell, I’m happy to hear that things are fairly steady with your relationship with your husband. I also noticed that your scores on the outcome measures have also stayed steady.*  *{{Therapist shows patient print out of scores on outcome measure(s)}}*  *I believe you’re not seeing any improvement on your scores because you haven’t been able to complete the homework exercises. As we previously talked about when starting this course of therapy, CBT works best if people learn the skills AND practice them between sessions. We have had 15 appointments and it seems like you have not been able to do the homework on more than a couple of occasions.*  Mrs. Gladwell: *Well, as I’ve said several times, I really don’t like that part of the therapy. I am really looking for someone who gets me, someone who can listen and offer support and advice.*  Therapist: *I understand that you don’t like the homework part of therapy and that you really enjoy being able to talk through issues that come up in your life. Many people like that aspect of therapy since it feels good.*  Mrs. Gladwell: *I’m glad you understand. I don’t like disappointing you every week, but really the homework isn’t for me.*  Therapist: *I understand that you feel better after coming in and talking about what is going on in your life, but I have to be frank. Only coming in to talk about your week isn’t going to really help you. Your level of depression is about where it was when we started. There is a good chance that we could still be here every week for several months, with no real progress. We had discussed this in the last few sessions, and I tried to make sure that completing the homework was seen as a vital part of getting better.*  Mrs. Gladwell: *I understand you think homework is important, but I would rather not have to deal with that hassle. If therapy takes a long time, I honestly don’t mind, I actually enjoy coming in.*  Therapist: *I am happy that you like coming in to see me, but I have to be responsible as a provider. If a patient isn’t likely to get better, then continuing with treatment is not really a good choice, especially since it means that someone who is willing to do homework and therefore get better will not be able to be seen.*  Mrs. Gladwell: *Well, I would rather not do homework, but do want therapy, so I don’t know where that leaves us.*  **At this point, the therapist can go in several directions to handle this situation. First, let’s run through the therapist making further appointments contingent on the patient completing homework.**  **Option # 1**  Therapist: *It’s up to you whether or not you want to pursue treatment at this time. As a provider, I need to be able to do my best in getting my patients better; it’s an ethical responsibility. I cannot force you to do the homework. That being said, I do a type of therapy that requires homework to really be effective, and it seems like you have to consider if this is really right for you.*  Mrs. Gladwell: *I do want treatment. It’s just that I prefer talking through my problems, not doing homework.*  Therapist: *I really do feel that if a person isn’t going to benefit from a treatment, then it’s not right to continue offering it to them, even if they like it. We haven’t seen any progress, and if you aren’t willing or able to practice the new skills offered, it seems like this would be unfair to keep going. What I’d like to do is give you as much time as you want to think this through to make a decision that you are comfortable with. In the last several sessions, I’ve been trying to go through the skill of tracking how thinking affects moods and learning to change thinking patterns to improve your mood.*  Mrs. Gladwell: *You are talking about those ABC sheets?*  Therapist: *Exactly. I have some here, along with a short handout on how to complete them. I want you to take these home and take your time deciding whether you want to continue individual therapy with me. If you do, then all you need to do is complete several of these forms and call HM2 Garza here at the clinic. HM2 Garza will help you with any questions you have about the homework. He is one of our best techs and does this a lot.*  Mrs. Gladwell: *What happens then? Do I call to book a follow-up?*  Therapist: *Actually, HM2 Garza will book you in after reviewing whether you have questions about the homework, so you don’t need to worry about that.*  Mrs. Gladwell: *I have to think about this. I don’t want to commit to anything now.*  Therapist: *That’s fine. You can and should take your time deciding. If you decide not to continue therapy, then please give me or HM2 Garza a call, but I hope you decide to try the homework and that I will see you again for another appointment.* | Ensures that patient’s condition is stable before moving forward.  Reviews outcome measures to show lack of progress and links this to not doing homework.  It is not uncommon for patients to disregard homework, especially if they do not feel it is relevant to them.  Provider reiterates that homework in EBP therapy is a critical component. Also points out that as things stand, there isn’t likely to be any real change, even in several months.  For therapists in private practice, having a small to medium sized number of long term cases is fine. In DoD facilities, there is less room for having large numbers of long-term psychotherapy cases.  Therapist lays the groundwork for ensuring that the decision to continue care is really in the patient’s control.  Therapist continues to explain rationale for homework and frames the choice of completing it as something the patient must accept.  If patient wishes to continue therapy, s/he needs to complete the homework, which is reviewed by the behavioral health technician BHT).  Having the BHT take on the review process allows techs to serve as a check on whether the patient did the homework. |
| **Our second option is to refer the patient to a cycle of an EBP group where they complete homework. This is done as a requirement for receiving additional individual therapy appointments.**  **Option # 2**  Therapist: *It’s up to you whether or not you want to pursue treatment at this time. As a provider, I need to do my best in getting my patients better; it’s an ethical responsibility. I cannot force you to do the homework, but I do a type of therapy that requires homework to really be effective. I really do feel that if a person isn’t going to benefit from a treatment, then it’s not right to continue offering it to them, even if they like it.*  *Another thing I have to consider is that the clinic limits providers from taking on long-term cases, so even if you and I were comfortable with therapy taking 2-3 times as long, we wouldn’t be able to justify it. So, we need to reassess what we have been doing in treatment and I need you to decide whether this type of treatment is right for you.*  Mrs. Gladwell: *I know I need treatment. Are you saying I have to do homework or else I can’t keep coming in?*  Therapist: *Yes, but only if you want to continue therapy with me as a provider. What I recommend is that you attend the clinic’s CBT for depression group. This is a group that teaches many of the things we’ve tried talking about in our sessions. The group runs every week for 8 weeks and meets on Wednesdays. Completing this group would jump-start us on making progress in therapy.*  Mrs. Gladwell: *So, I have a couple of questions about this. 1) How much homework is required? 2) Do they let people talk about their problems?*  Therapist: *Great questions. For the first one, generally, there are 1-2 assignments every week, along with some minor things you do daily, like track your level of depression. For the second question, the group is more like a class or workshop. It is set up for people to learn a skill and does not have much time for sharing a lot of personal information. You would learn to use a new skill and talk about how it went for you at the next session, but the instructor does most of the talking.*  Mrs. Gladwell: *So, how would this work? Do I go to these every week and also see you?*  Therapist: *Since you’re enrolled in the group, you won’t need to see me every week. I’d like you to try the first 4 sessions and then follow-up with me for an individual appointment. At that session, we can talk about how the group is going and I can help with any trouble you are having with the homework assignments. We’ll decide at that time whether to pick up weekly with individual appointments or wait until you have finished the group.*  Mrs. Gladwell: *I guess I will try it. How do I get signed up for this group?*  {{Therapist covers the brochure for the CBT group and walks the patient to the front desk to sign him/her up for the group.}} | Therapist lays the groundwork for ensuring that the decision to continue care is really in the patient’s control.  Therapist recommends a CBT group for the patient to help jump start therapy progress. This will also orient her to the CBT format, which she has struggled with (prefers to talk about events of week).  Therapist provides a realistic expectation of a CBT group, including that it has homework.  Therapist sets a follow-up appointment after a few weeks of group so that it’s clear they expect the patient to give this a real try, versus asking them to attend the first session and check back with the therapist. |
| **Now, we’ll cover the last outcome where the therapist ends individual therapy and refers the patient into an ongoing process group within the clinic.**  **Option # 3**  Therapist: *It’s up to you whether or not you want to pursue treatment at this time. As a provider, I need to do my best to get my patients better; it’s an ethical responsibility. I cannot force you to do the homework, but I do a type of therapy that requires homework to really be effective. I really do feel that if a person isn’t going to benefit from a treatment, then it’s not right to continue offering it to them, even if they like it.*  Mrs. Gladwell: *It sounds like you’re saying that I have to do homework or I can’t be seen here anymore. Right?*  Therapist: *No, you can still get care here in the clinic, but as much as I enjoy talking with you, and am happy that you enjoy talking, I can’t keep being your provider if I think you won’t get better. So, we need to reassess what we have been doing in treatment and I’d like to have you try something different. Rather than ending therapy altogether or forcing you to do something you don’t want to do, I suggest you try a different kind of therapy. I’d like to refer you into one of the interpersonal groups we have in the clinic. These groups are run on Wednesdays and Fridays. They provide patients a place to come in and discuss their issues and learn from other people how they are handling their own issues.*  Mrs. Gladwell: *I actually don’t like groups. I prefer individual therapy. Can’t I just see you or someone else?*  Therapist: *As I’ve said, I can’t see you if you can’t commit to homework. It’s possible that another provider will have a slot open up for doing a type of longer-term therapy (the kind that does not involve homework), but right now there aren’t any openings like that. The group is similar to getting long-term therapy, but alongside several other people. The other advantage is that this type of group does not involve homework, so I think it is a better fit for you.*  Mrs. Gladwell: *I’d rather do this group than have nothing. How long would it be until a different provider has a long-term therapy slot open up?*  Therapist: *I’m glad you’re open to trying the interpersonal therapy group. I don’t know how long it will be until one of the long-term therapy slots will be open. Generally, it’s several weeks. I will ask around and let you know as soon as something opens up. In the meantime, let’s get you started on the interpersonal therapy group.*  {{Therapist covers the format and structure of the interpersonal groups and walks the patient to the front desk to sign him/her up for the group.}} | The therapist sets a follow-up after a few weeks of group so that it’s clear s/he expects the patient to give group a real try, versus asking the patient to attend the first session and check back with the therapist.    A process group might be very beneficial for this patient, as she truly seems to get a lot out of discussing her issues.  If other providers are available, the therapist could have also tried to transfer the patient to someone more comfortable with long-term clients (depending on clinic policies). |

**Treatment Plan Update: Homework**

As part of your care plan, we have discussed the need to complete homework assignments on a regular basis and how not completing the homework portion of therapy limits the progress that can be made in treatment. The original treatment plan involved weekly individual therapy sessions for a number of weeks; however, due to various reasons, it has not been possible for you to complete the homework associated with these sessions. We have discussed the obstacles to completing homework and have tried to problem solve ways to get around these obstacles. It is my sincere hope that you can work around these obstacles and find time in your schedule to complete homework on a regular basis.

As your provider, I have recommended the following course of action for moving ahead.

\_\_\_ 1) Patient will re-evaluate whether they are able to fully engage in therapy, particularly being able to complete homework. If the decision is to continue therapy, then the following homework assignments are to be completed before making a follow-up appointment:

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Once these assignments are completed, please call \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to discuss booking a follow-up appointment.

\_\_\_ 2) Patient will enroll in and complete all sessions of an Evidence Based Psychotherapy group, including homework assignments from this group. Based on discussion with the patient, the following group was selected: \_\_\_\_\_\_\_\_\_\_\_\_. The patient will reach out to book an appointment with the provider after completing the course of group therapy.

\_\_\_3) Patient will join one of the clinic’s interpersonal therapy groups for regular follow-up. After looking at availability, the group on \_\_\_\_\_\_\_\_\_\_\_\_ run by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ was selected. After several sessions of group, patient will reach out to the clinic to book an individual follow-up appointment if needed.

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| I understand the rationale for this change in my treatment plan. My questions and concerns have been addressed and I agree to the change. | Patient Signature: |
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