Best Practices in Documenting Evidence-Based Psychotherapies (EBPs)

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Center for Deployment Psychology

Disclaimer

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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

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Learning Objectives

- Analyze best practices in evidence-based psychotherapy (EBP) documentation

- Compare the pros and cons of utilizing templates for EBP documentation

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Documentation "Best Practices"

- Accurate & pertinent
- Concise & comprehensive
- Outcome-driven
- Objective & factual
- Organized & consistent
- Attentive to situational context

American Psychological Association (2007); National Association of Social Workers (2016)

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Importance of Documentation

- Continuity of care
- Captures workload
- Compliance with CPGs
- Supports fidelity to EBPs
- Helps with MEB decisions

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American Psychological Association (2007); National Association of Social Workers (2016)

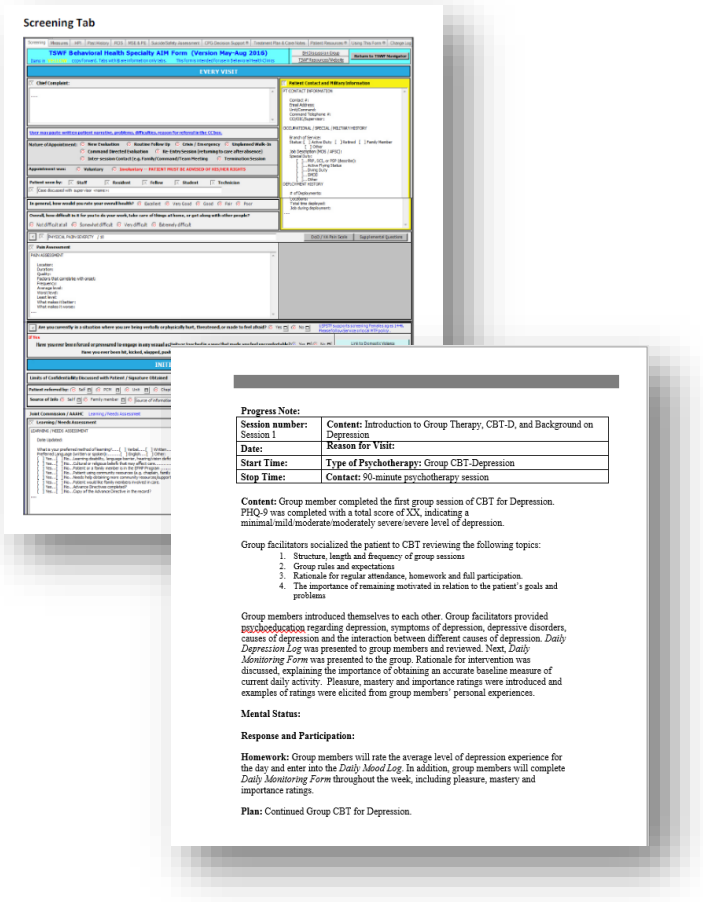
Key Elements of an EBP Note

Element	Example
Session # and EBP name	"This is the sixth session of cognitive behavioral therapy for the treatment of Depression…"
List of EBP session components	"This session reviewed ABC sheets and covered the rationale for keeping a sleep log … "
Details of this week's homework assignments	"…patient assigned a sleep log and will continue to use automatic thought records…"
Outcome of last week's homework	"…reviewed thought records from last week, identifying cognitive distortions…"
Data from outcome measure	"…patient's PHQ-9 score was 7, which suggests MILD depression and continues to trend down."

Types of Note Templates

Tri-Service workflow templates (AIM forms)

Word documents



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Pros and Cons

PROS	CONS
Time efficient & comprehensive	Risk of copying
Fewer errors	Lack of accuracy
Reminder of fidelity	Limited details
Standardized content	
Reminder of fidelity	

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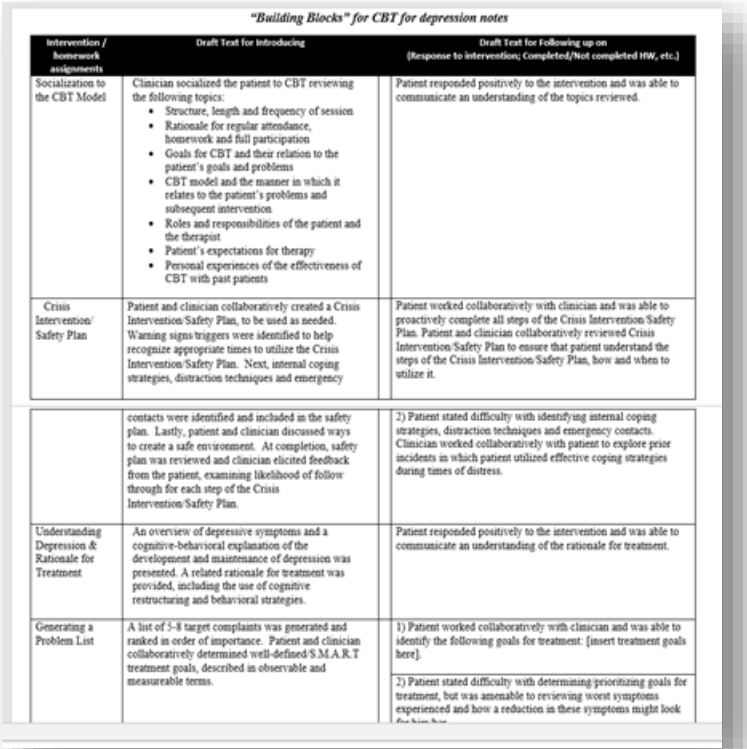
Note Templates

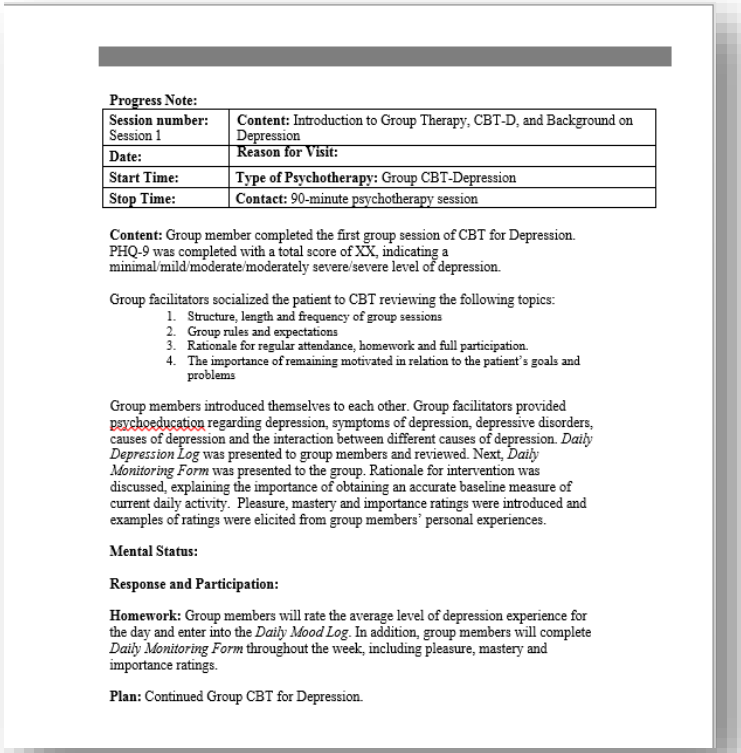
Individual therapy



"Building Blocks" for CBT for depression notes

Intervention / homework assignments	Draft Text for Introducing	Draft Text for Following up on (Response to intervention; Completed/Not completed HW, etc.)
Socialization to the CBT Model	Clinician socialized the patient to CBT reviewing the following topics: • Structure, length and frequency of session • Rationale for regular attendance, homework and full participation • Goals for CBT and their relation to the patient's goals and problems • CBT model and the manner in which it relates to the patient's problems and subsequent intervention • Roles and responsibilities of the patient and the therapist • Patient's expectations for therapy • Personal experiences of the effectiveness of CBT with past patients	Patient responded positively to the intervention and was able to communicate an understanding of the topics reviewed.
Crisis Intervention/ Safety Plan	Patient and clinician collaboratively created a Crisis Intervention/Safety Plan, to be used as needed. Warning signs/triggers were identified to help recognize appropriate times to utilize the Crisis Intervention/Safety Plan. Next, internal coping strategies, distraction techniques and emergency	Patient worked collaboratively with clinician and was able to proactively complete all steps of the Crisis Intervention/Safety Plan. Patient and clinician collaboratively reviewed Crisis Intervention/Safety Plan to ensure that patient understand the steps of the Crisis Intervention/Safety Plan, how and when to utilize it.
	contacts were identified and included in the safety plan. Lastly, patient and clinician discussed ways to create a safe environment. At completion, safety plan was reviewed and clinician elicited feedback from the patient, examining likelihood of follow through for each step of the Crisis Intervention/Safety Plan.	2) Patient stated difficulty with identifying internal coping strategies, distraction techniques and emergency contacts. Clinician worked collaboratively with patient to explore prior incidents in which patient utilized effective coping strategies during times of distress.
Understanding Depression & Rationale for Treatment	An overview of depressive symptoms and a cognitive-behavioral explanation of the development and maintenance of depression was presented. A related rationale for treatment was provided, including the use of cognitive restructuring and behavioral strategies.	Patient responded positively to the intervention and was able to communicate an understanding of the rationale for treatment.
Generating a Problem List	A list of 5-8 target complaints was generated and ranked in order of importance. Patient and clinician collaboratively determined well-defined/S.M.A.R.T treatment goals, described in observable and measureable terms.	1) Patient worked collaboratively with clinician and was able to identify the following goals for treatment: [insert treatment goals here]. 2) Patient stated difficulty with determining prioritizing goals for treatment, but was amenable to reviewing worst symptoms experienced and how a reduction in these symptoms might look

Group therapy



Progress Note:

Session number: Session 1	**Content:** Introduction to Group Therapy, CBT-D, and Background on Depression
Date:	**Reason for Visit:**
Start Time:	**Type of Psychotherapy:** Group CBT-Depression
Stop Time:	**Contact:** 90-minute psychotherapy session

Content: Group member completed the first group session of CBT for Depression. PHQ-9 was completed with a total score of XX, indicating a minimal/mild/moderate/moderately severe/severe level of depression.

Group facilitators socialized the patient to CBT reviewing the following topics:

1. Structure, length and frequency of group sessions
2. Group rules and expectations
3. Rationale for regular attendance, homework and full participation.
4. The importance of remaining motivated in relation to the patient's goals and problems

Group members introduced themselves to each other. Group facilitators provided psychoeducation regarding depression, symptoms of depression, depressive disorders, causes of depression and the interaction between different causes of depression. *Daily Depression Log* was presented to group members and reviewed. Next, *Daily Monitoring Form* was presented to the group. Rationale for intervention was discussed, explaining the importance of obtaining an accurate baseline measure of current daily activity. Pleasure, mastery and importance ratings were introduced and examples of ratings were elicited from group members' personal experiences.

Mental Status:

Response and Participation:

Homework: Group members will rate the average level of depression experience for the day and enter into the *Daily Mood Log*. In addition, group members will complete *Daily Monitoring Form* throughout the week, including pleasure, mastery and importance ratings.

Plan: Continued Group CBT for Depression.

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EBP Group Note: Non-Clinical Provider Input

Patient Name: SSGT Joe Example

Progress Note:

Session number: Session 1	**Content:** Introduction to Group Therapy, CBT-D, and Background on Depression
Date: *July 6, 2016*	**Reason for Visit:** *Major Depressive Disorder*
Start Time: *1300*	**Type of Psychotherapy:** Group CBT-Depression
Stop Time: *1436*	**Contact:** 90-minute psychotherapy session

Content: Group member completed the first group session of CBT for Depression. PHQ-9 was completed with a total score of 19, indicating a moderately severe level of depression.

Group facilitators socialized the patient to CBT reviewing the following topics:

1. Structure, length and frequency of group sessions
2. Group rules and expectations
3. Rationale for regular attendance, homework and full participation.
4. The importance of remaining motivated in relation to the patient's goals and problems

Group members introduced themselves to each other. Group facilitators provided psychoeducation regarding depression, symptoms of depression, depressive disorders, causes of depression and the interaction between different causes of depression. *Daily Depression Log* was presented to group members and reviewed. Next, *Daily Monitoring Form* was presented to the group. Rationale for intervention was discussed, explaining the importance of obtaining an accurate baseline measure of current daily activity. Pleasure, mastery and importance ratings were introduced and examples of ratings were elicited from group members' personal experiences.

Mental Status: *Depressed mood with congruent affect. Did not endorse SI/HIs.*

Response and Participation: *Patient attended full session, participated in discussions and was alert throughout the session.*

Homework: Group members will rate the average level of depression experience for the day and enter into the *Daily Mood Log*. In addition, group members will complete *Daily Monitoring Form* throughout the week, including pleasure, mastery and importance ratings.

Plan: Continued Group CBT for Depression.

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Forms for BHTs

{INSERT NAME OF YOUR CLINIC}
PRE-GROUP SCREENING FORM

Name of Group: ______________________ **Facilitator(s):** ________________ **Date:** ______________

Name of Patient	Rank	DOB	Gender	Contact Information

Referral Source: ______________________________
Primary Provider: ______________________________

Patient's Reason for Wanting to Join Group:

What are you hoping to learn from participating in the group?

How motivated are you to get help for this condition on a scale of 1-10, with 10 being the most?

How motivated are you to attend group therapy on a scale of 1-10, with 10 being the most?

Do you have any worries or fears about starting the group?

Past History of Therapy:

Have you ever tried this therapy before? Y / N
If yes, in group or individual therapy? Group / Individual

Do you have a history of early termination from treatment? Y / N
If yes, what caused you to drop out?

Informed Consent:

Are you able to attend at the set date and time? Y / N
If no, preferred day and time? M / T / W / R / F AM / PM

Review group format (content/focus on diagnosis, treatment goals, structure, time, attendance requirement, number of sessions, ground rules, not a process group, homework, etc.). Do you agree? Y / N

Outcome Measures (Baseline)

Measure	Date	Score	Interpretation

{{Insert Clinic Name}} Behavioral Health Department
Group Therapy Session Note Tracking

Group Name: ____________
Day & Time: ____________________________
Facilitator(s): _______________________
This group cycle: Begins on __________ Ends on ___________

Patient Name	Last 4	Outcome Measure(s)	Basic Info	MSE	Comments (homework assignments, etc.)
Joe Example	6789	PCL: 55 OQ-30: 48	Attend: Y/N Participate: Y/N Homework: Y/N	Mood: Angry Affect: Cong/Incon SI/HI: Y/N	Patient was 15 minutes late, stated they are running out of meds. Advised to book a follow-up with psychiatrist.
			Attend: Y/N Participate: Y/N Homework: Y/N	Mood: ______ Affect: Cong/Incon SI/HI: Y/N	
			Attend: Y/N Participate: Y/N Homework: Y/N	Mood: ______ Affect: Cong/Incon SI/HI: Y/N	
			Attend: Y/N Participate: Y/N Homework: Y/N	Mood: ______ Affect: Cong/Incon SI/HI: Y/N	
			Attend: Y/N Participate: Y/N Homework: Y/N	Mood: ______ Affect: Cong/Incon SI/HI: Y/N	
			Attend: Y/N Participate: Y/N Homework: Y/N	Mood: ______ Affect: Cong/Incon SI/HI: Y/N	
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			Attend: Y/N Participate: Y/N Homework: Y/N	Mood: ______ Affect: Cong/Incon SI/HI: Y/N	

Using an EBP Group Note Template: Provider Input

Patient Name: SSGT Joe Example
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Mental Status: *Depressed mood with congruent affect. Did not endorse SI/HIs.*

Response and Participation: *Patient attended full session, participated in discussions and was alert throughout the session. Patient responded positively to the interventions and was able to communicate an understanding of the topics reviewed. Asked about getting a medication refill, was directed to follow-up with prescribing MD.*

Homework: Group members will rate the average level of depression experience for the day and enter into the *Daily Mood Log*. In addition, group members will complete *Daily Monitoring Form* throughout the week, including pleasure, mastery and importance ratings.

Plan: Continued Group CBT for Depression.

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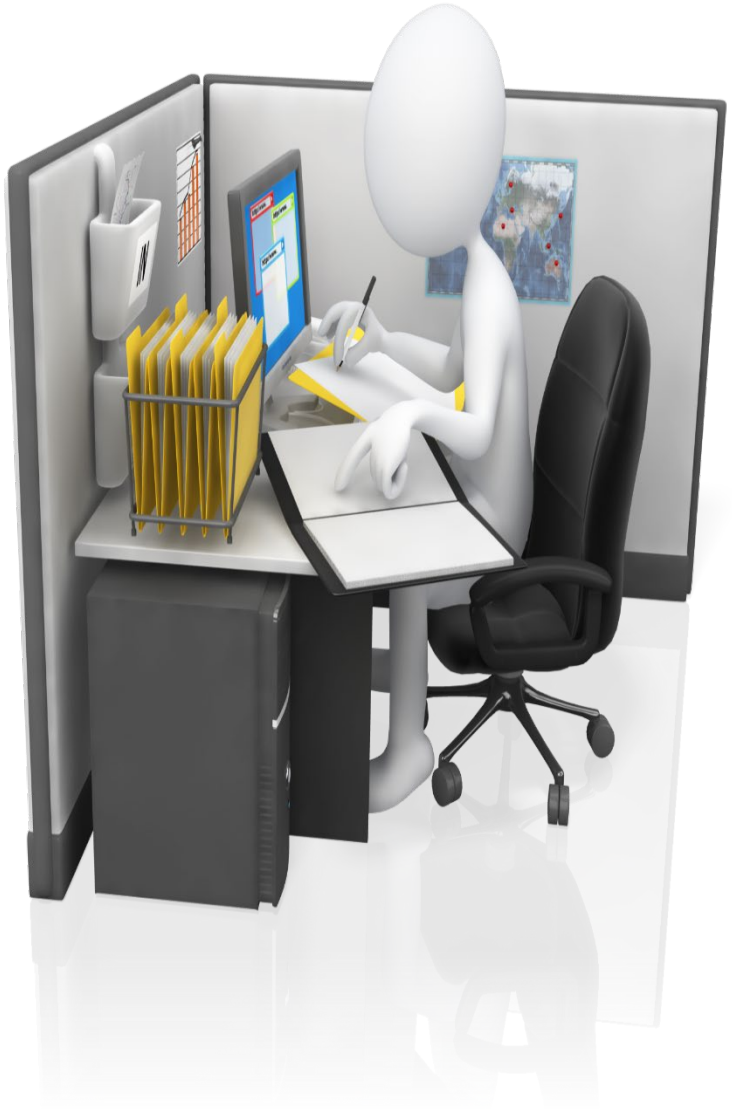
Templates Available in the Toolkit



Highly structured session formats

Individual & group therapy EBPs

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Templates Available in the Toolkit

Less structured session formats

Individual therapy EBPs

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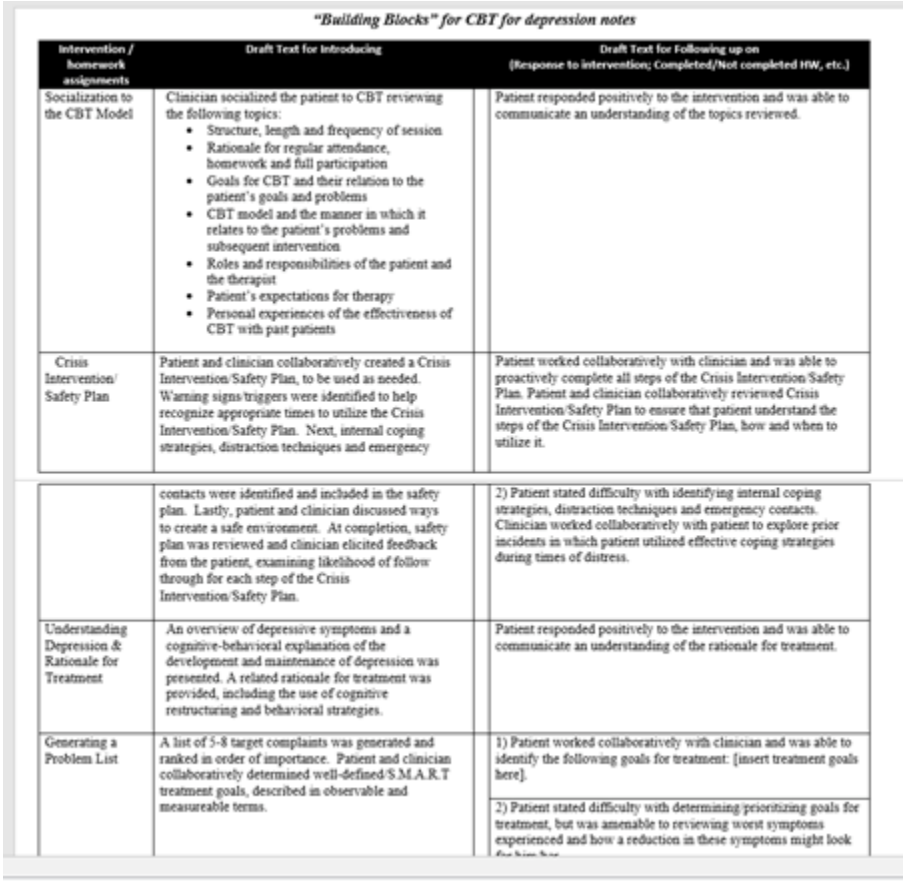
"Building Block" Note Templates



"Building Blocks" for CBT for depression notes

Intervention / homework assignments	Draft Text for Introducing	Draft Text for Following up on (Response to intervention; Completed/Not completed HW, etc.)
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Crisis Intervention/ Safety Plan	Patient and clinician collaboratively created a Crisis Intervention/Safety Plan, to be used as needed. Warning signs/triggers were identified to help recognize appropriate times to utilize the Crisis Intervention/Safety Plan. Next, internal coping strategies, distraction techniques and emergency	Patient worked collaboratively with clinician and was able to proactively complete all steps of the Crisis Intervention/Safety Plan. Patient and clinician collaboratively reviewed Crisis Intervention/Safety Plan to ensure that patient understand the steps of the Crisis Intervention/Safety Plan, how and when to utilize it.
	contacts were identified and included in the safety plan. Lastly, patient and clinician discussed ways to create a safe environment. At completion, safety plan was reviewed and clinician elicited feedback from the patient, examining likelihood of follow through for each step of the Crisis Intervention/Safety Plan.	2) Patient stated difficulty with identifying internal coping strategies, distraction techniques and emergency contacts. Clinician worked collaboratively with patient to explore prior incidents in which patient utilized effective coping strategies during times of distress.
Understanding Depression & Rationale for Treatment	An overview of depressive symptoms and a cognitive-behavioral explanation of the development and maintenance of depression was presented. A related rationale for treatment was provided, including the use of cognitive restructuring and behavioral strategies.	Patient responded positively to the intervention and was able to communicate an understanding of the rationale for treatment.
Generating a Problem List	A list of 5-8 target complaints was generated and ranked in order of importance. Patient and clinician collaboratively determined well-defined/S.M.A.R.T treatment goals, described in observable and measureable terms.	1) Patient worked collaboratively with clinician and was able to identify the following goals for treatment: [insert treatment goals here]. 2) Patient stated difficulty with determining prioritizing goals for treatment, but was amenable to reviewing worst symptoms experienced and how a reduction in these symptoms might look

For individual therapies without fixed protocol

Cover common interventions & homework assignments

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Using "Building Block" Templates

"Building Blocks" for CBT for depression notes

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Understanding Depression & Rationale for Treatment	An overview of depressive symptoms and a cognitive-behavioral explanation of the development and maintenance of depression was presented. A related rationale for treatment was provided, including the use of cognitive restructuring and behavioral strategies.	Patient responded positively to the intervention and was able to communicate an understanding of the rationale for treatment.
Generating a Problem List	A list of 5-8 target complaints was generated and ranked in order of importance. Patient and clinician collaboratively determined well-defined/S.M.A.R.T treatment goals, described in observable and measureable terms.	1) Patient worked collaboratively with clinician and was able to identify the following goals for treatment: [insert treatment goals here]. 2) Patient stated difficulty with determining prioritizing goals for treatment, but was amenable to reviewing worst symptoms experienced and how a reduction in these symptoms might look for him/her.

		Record based on the patient's real life experience.
Five-Column Thought Record	*Five-Column Thought Record* was introduced to the patient and entries on the thought record were completed during the session. Focus was on developing an alternative response to the original automatic thought, as well as recognizing the new outcome associated with the alternative response. Different potential outcomes were discussed, including reduction in negative affect, experiencing a completely different emotion, and engaging in an adaptive behavioral response. **Homework:** Patient will complete *Five-Column Thought Record* daily.	**Response to Intervention:** 1) Patient responded positively to the intervention. Patient was able to communicate an understanding of the rationale for intervention. Furthermore, patient was able to effectively demonstrate an understanding of and provide examples of the link between antecedents (situation) emotions and automatic thoughts, as well as compose an alternate response and predict potential outcomes. 2) Although patient was able to provide examples of the link between antecedents (situation) emotions and automatic thoughts, the patient experienced difficulties composing alternative responses and predict potential outcomes. Clinician provided patient with examples of alternative responses demonstrating more balanced and helpful ways of thinking. **Response to Homework:** 1) The patient completed the practice assignment related to daily completion of the *Five-Column Thought Record*. Clinician helped the patient to recognize the link between thoughts, emotions and behaviors. 2) The patient was not able to complete the practice assignment related to completion of the *Five-Column Thought Record*. Clinician completed chain analysis to uncover barriers to homework completion. Clinician reviewed the importance of completing the exercise.

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Adjusting to Patient Crises

CDP owned photo, November 9, 2021

Crises can shift focus

Capture changes

Pick up where you left off

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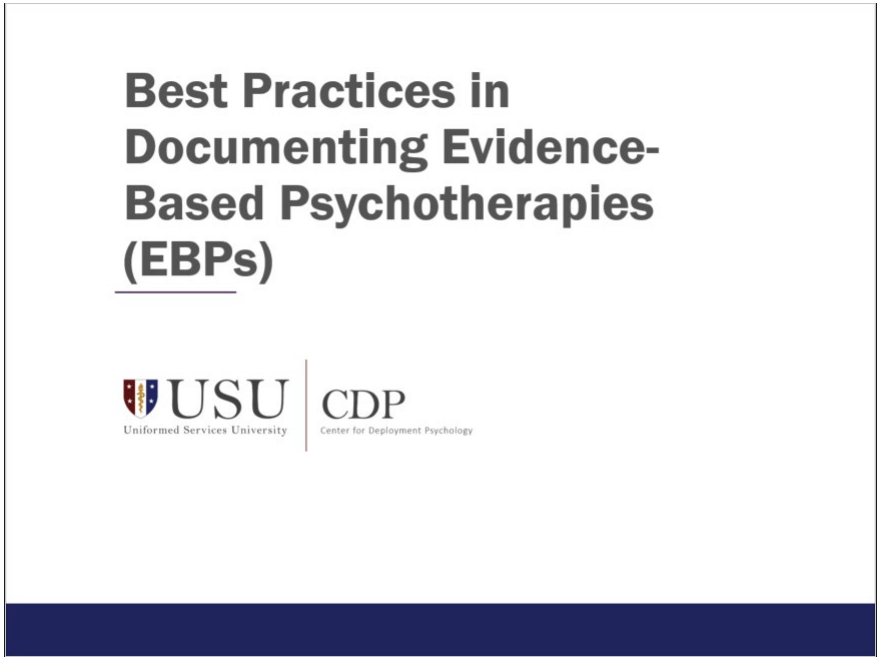
Toolkit Resources

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



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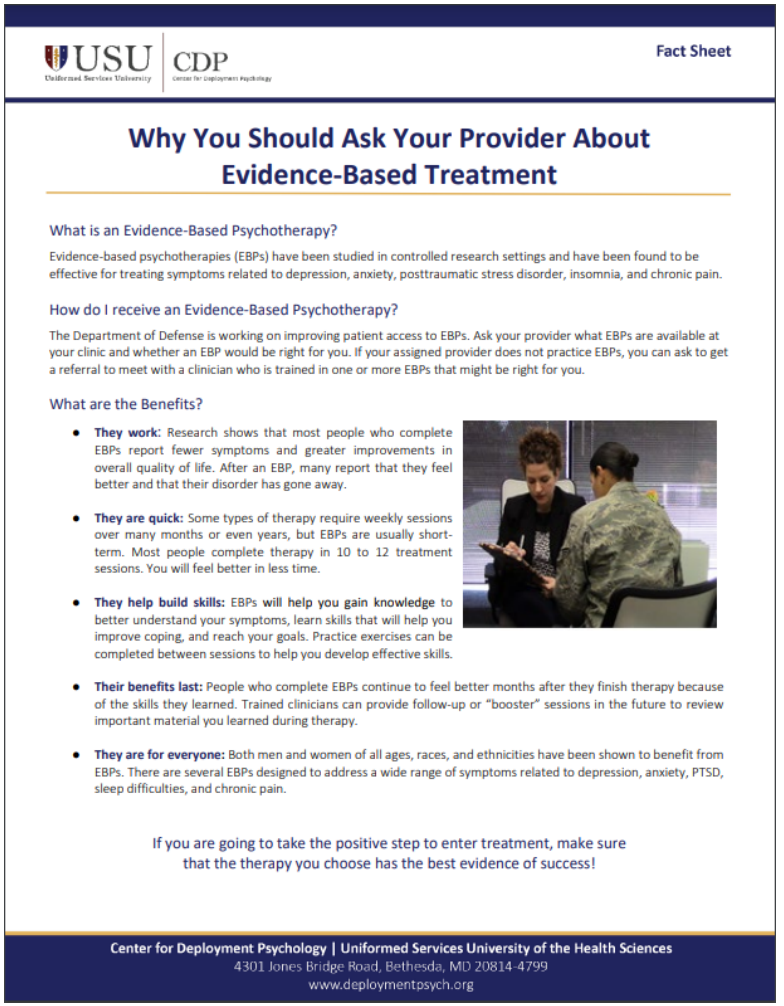

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Fact Sheet

Why You Should Ask Your Provider About Evidence-Based Treatment

What is an Evidence-Based Psychotherapy?

Evidence-based psychotherapies (EBPs) have been studied in controlled research settings and have been found to be effective for treating symptoms related to depression, anxiety, posttraumatic stress disorder, insomnia, and chronic pain.

How do I receive an Evidence-Based Psychotherapy?

The Department of Defense is working on improving patient access to EBPs. Ask your provider what EBPs are available at your clinic and whether an EBP would be right for you. If your assigned provider does not practice EBPs, you can ask to get a referral to meet with a clinician who is trained in one or more EBPs that might be right for you.

What are the Benefits?

- **They work:** Research shows that most people who complete EBPs report fewer symptoms and greater improvements in overall quality of life. After an EBP, many report that they feel better and that their disorder has gone away.
- **They are quick:** Some types of therapy require weekly sessions over many months or even years, but EBPs are usually short-term. Most people complete therapy in 10 to 12 treatment sessions. You will feel better in less time.
- **They help build skills:** EBPs **will help you gain knowledge** to better understand your symptoms, learn skills that will help you improve coping, and reach your goals. Practice exercises can be completed between sessions to help you develop effective skills.
- **Their benefits last:** People who complete EBPs continue to feel better months after they finish therapy because of the skills they learned. Trained clinicians can provide follow-up or "booster" sessions in the future to review important material you learned during therapy.
- **They are for everyone:** Both men and women of all ages, races, and ethnicities have been shown to benefit from EBPs. There are several EBPs designed to address a wide range of symptoms related to depression, anxiety, PTSD, sleep difficulties, and chronic pain.

If you are going to take the positive step to enter treatment, make sure that the therapy you choose has the best evidence of success!

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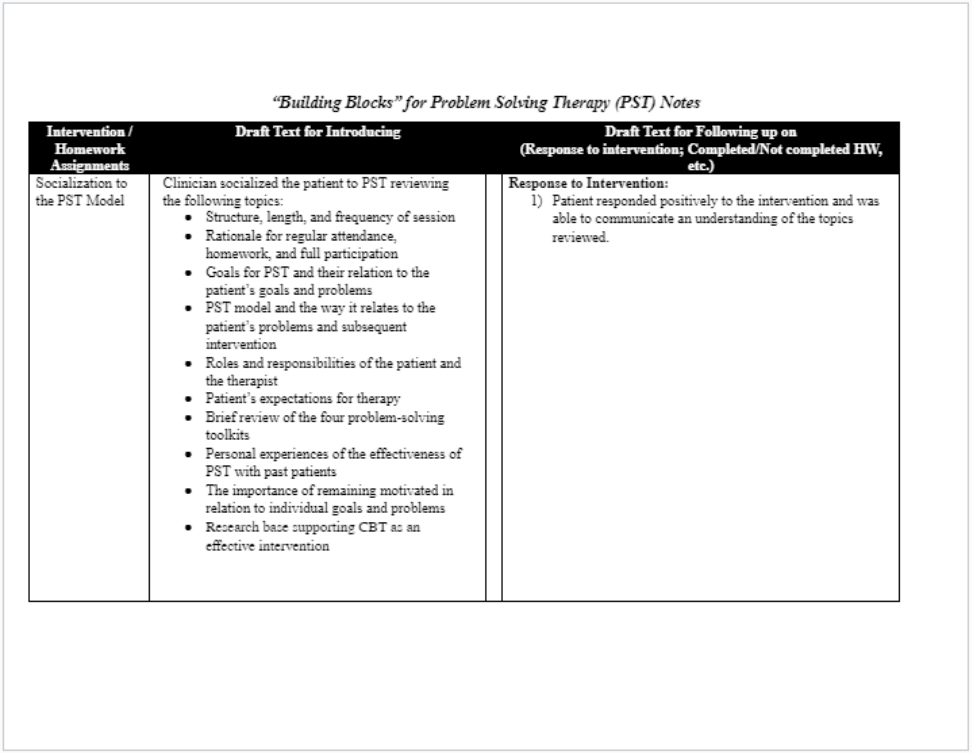

"Building Blocks" for Problem Solving Therapy (PST) Notes

Intervention / Homework Assignments	Draft Text for Introducing	Draft Text for Following up on (Response to intervention; Completed/Not completed HW, etc.)
Socialization to the PST Model	Clinician socialized the patient to PST reviewing the following topics: • Structure, length, and frequency of session • Rationale for regular attendance, homework, and full participation • Goals for PST and their relation to the patient's goals and problems • PST model and the way it relates to the patient's problems and subsequent intervention • Roles and responsibilities of the patient and the therapist • Patient's expectations for therapy • Brief review of the four problem-solving toolkits • Personal experiences of the effectiveness of PST with past patients • The importance of remaining motivated in relation to individual goals and problems • Research base supporting CBT as an effective intervention	**Response to Intervention:** 1) Patient responded positively to the intervention and was able to communicate an understanding of the topics reviewed.

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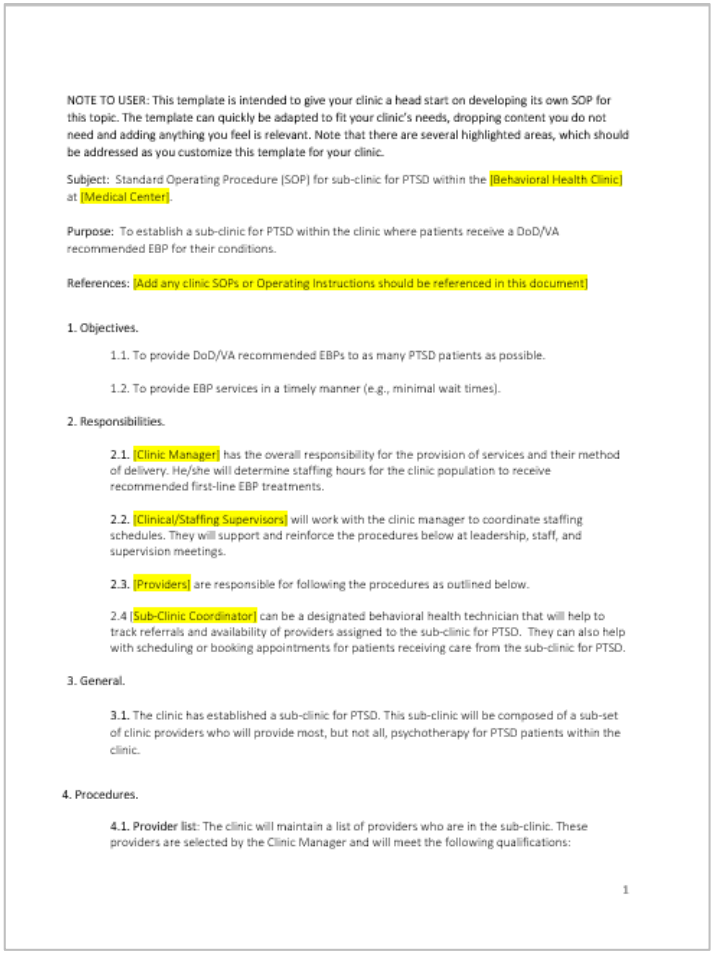

NOTE TO USER: This template is intended to give your clinic a head start on developing its own SOP for this topic. The template can quickly be adapted to fit your clinic's needs, dropping content you do not need and adding anything you feel is relevant. Note that there are several highlighted areas,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

Subject: Standard Operating Procedure (SOP) for sub-clinic for PTSD within the [Behavioral Health Clinic] at [Medical Center].

Purpose: To establish a sub-clinic for PTSD within the clinic where patients receive a DoD/VA recommended EBP for their conditions.

References: [Add any clinic SOPs or Operating Instructions should be referenced in this document]

1. Objectives.

1.1. To provide DoD/VA recommended EBPs to as many PTSD patients as possible.

1.2. To provide EBP services in a timely manner (e.g., minimal wait times).

2. Responsibilities.

2.1. [Clinic Manager] has the overall responsibility for the provision of services and their method of delivery. He/she will determine staffing hours for the clinic population to receive recommended first-line EBP treatments.

2.2. [Clinical/Staffing Supervisors] will work with the clinic manager to coordinate staffing schedules. They will support and reinforce the procedures below at leadership, staff, and supervision meetings.

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

2.4 [Sub-Clinic Coordinator] can be a designated behavioral health technician that will help to track referrals and availability of providers assigned to the sub-clinic for PTSD. They can also help with scheduling or booking appointments for patients receiving care from the sub-clinic for PTSD.

3. General.

3.1. The clinic has established a sub-clinic for PTSD. This sub-clinic will be composed of a sub-set of clinic providers who will provide most, but not all, psychotherapy for PTSD patients within the clinic.

4. Procedures.

4.1. Provider list: The clinic will maintain a list of providers who are in the sub-clinic. These providers are selected by the Clinic Manager and will meet the following qualifications:

1

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Summary

- Analyze best practices in evidence-based psychotherapy (EBP) documentation

- Compare the pros and cons of utilizing templates for EBP documentation

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Facebook: http://www.facebook.com/DeploymentPsych
Twitter: @DeploymentPsych

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