EBP Training & Utilization Provider Questionnaire

Instructions for Completing the Questionnaire:

This questionnaire is intended to identify areas of additional training and consultation that the clinic may want to offer providers. Please read the instructions and answers to frequently asked questions carefully before completing the form. Please note that Question 1 is **NOT** limited to a specific time frame; it is asking about any training received during one's professional career. Questions 2-5 **ARE** limited to a specific period.

Question 1: Please use the options 1-4 below to identify the **level of training** you have for the specified psychotherapy/treatment modalities. Be sure to fill in a number for each of the 14 columns, one for each modality.

1. **No training**.
2. **Informal training**. I have read books or viewed videos about the treatment. This includes any non-workshop based training that occurred in graduate school classes. One-day workshops should also be counted here.
3. **Formal workshops**. This includes intensive 2-3 day workshops delivered in-person or online.
4. **Formal workshop plus consultation**. This includes intensive 2-3 day workshops delivered in-person or online with formal consultation. Formal consultation involves ongoing discussions post-workshop with an expert trainer/consultant in the EBP who provides advice about how you have applied the therapy with one or more cases. Formal consultation does not include consultation with a peer provider.

Question 2: Please use the options 1-5 below to identify the **level of use** of the specified psychotherapy/treatment modalities **the past quarter**. Be sure to fill in a number for each of the 14 columns, one for each modality.

1. **Use with less than 25% of patients** (Includes 0%)
2. **Use with about 25% of patients**
3. **Use with about 50% of patients**
4. **Use with about 75% of patients**
5. **Use with about 100% of patients**

Question 3: Please fill in the blank with the approximate number of **PTSD** patients seen during the past quarter (last 3 months).

Question 4: Please fill in the blank with the approximate number of **depressed** patients seen during the past quarter (last 3 months). This would include all types of MDD, dysthymia and other forms of unipolar depression.

Question 5: Please fill in the blank with the approximate number of **Insomnia** patients seen during the past quarter (last 3 months). This number should only include patients who have a diagnosis of Insomnia; please do not include all patients who have sleep problems as a symptom of another disorder.

Frequently Asked Questions about the Questionnaire:

Q: What if I do a non-EBP type of therapy for individual therapy, but have referred my patient into a group that does one of these EBPs?
A: Question 2 is specific to the therapy you deliver yourself.

- For example, if you refer all of your PTSD patients to a CPT group run by another provider, but you do not use one of the EBPs yourself with PTSD patients, then do NOT mark that you use CPT with your patients.

Q: What if I use elements of more than one protocol with a patient?
A: Please try to make ratings based off the use of the whole protocols. In cases where you use elements of more than one, count the EBP that is primary. Here are some examples to clarify:

- If you use the entire CPT protocol with a patient but supplement it with elements of an additional EBP, count it as CPT.
- If you are using a mix of two or more protocols and not following any protocol entirely, do not count it as an EBP.

Q: For Questions 3-5 regarding number of patients seen, how should patients with more than one diagnosis be counted?
A:

- If you are providing treatment for both conditions, you should count them under both. For example, if a PTSD patient also has dysthymia, and you are doing CPT for PTSD but also insert sessions for supportive counseling for the dysthymia, then they are counted under both categories.
- If the patient has insomnia as a symptom of PTSD or depression, and does not have a separate Insomnia diagnosis, please do not count them under Insomnia patients.

Please note that there are psychotherapy/treatment modality abbreviations spelled out at the bottom of the form. Descriptions of all the modalities are provided here for your reference.

PSYCHOTHERAPIES FOR PTSD

Brief Eclectic Psychotherapy (BEP) for PTSD

BEP combines elements of directive, cognitive-behavioral exposure, and psychodynamic psychotherapy into a protocol of 16, 45-60 min sessions. Treatment begins with psychoeducation and then moves into relaxation exercises, imaginal exposure, letter writing to address the meaningful changes and how to integrate the new meaning into life, and a farewell ritual to leave the traumatic event behind.

Cognitive Behavioral Therapy (CBT) for PTSD

CBT for PTSD is a research-driven approach for individuals with a diagnosis of PTSD. Treatment focuses on reducing maladaptive thoughts through cognitive therapy and reducing avoidance and reactions to triggering events through exposure therapy. Note that using either cognitive therapy or exposure therapy for PTSD are considered EBPs, but they are typically delivered together in CBT for PTSD.

Cognitive Processing Therapy (CPT) for PTSD

CPT is a manualized treatment for PTSD comprised of 12 weekly therapy sessions in either an individual or group format (typically 50 or 90 minutes respectively). CPT generally includes three broad phases. The initial phase consists of education, focusing on increasing awareness of the connection between thoughts and feelings. The middle phase includes processing the trauma using a narrative of the traumatic event. The final phase emphasizes implementation of skills, while focusing on five conceptual areas: safety, trust, power/control, esteem, and intimacy.

Eye Movement Desensitization and Reprocessing (EMDR) for PTSD

EMDR is a manualized protocol for the treatment of PTSD comprised of 8 distinct phases of therapy. It draws from elements of various therapies including behavioral strategies, cognitive strategies, exposure, and desensitization. In the desensitization and reprocessing stage, the therapist facilitates bilateral stimulation by having the patient focus on the traumatic event while visually tracking the therapist's finger or focusing on a device.

Narrative Exposure Therapy (NET) for PTSD

NET is a manualized treatment based on a combination of cognitive behavioral based exposure techniques and testimony therapy. It typically lasts for 10, 90-120-minute sessions. NET has four parts including the therapist performing an interview and providing psychoeducation as well as gaining a detailed biography of the patient's entire life and trauma history. The patient retells the worst experiences of the narrative, with a focus on the traumas which allows for re-experiencing thoughts and habituation to emotional responses.

Prolonged Exposure (PE) for PTSD

PE is a manualized protocol for the treatment of PTSD. The treatment typically lasts 8-15 sessions, each 90 minutes in length. PE is a form of CBT based on Emotional Processing Theory. PE is comprised of four main components: 1) education, 2) breathing retraining, 3) in vivo exposure, and 4) imaginal exposure. The goal of PE is to reduce PTSD symptoms resulting from cognitive and behavioral avoidance of trauma-related thoughts, reminders, activities, and situations.

Written Exposure Therapy (WET) for PTSD

Written narrative exposure, an exposure-based intervention, is a brief treatment that typically lasts for five sessions, each 40-60 minutes in length. WET is an easy to administer treatment that utilizes a repeated written recount about the traumatic experience. There are a variety of written narrative exposure protocols available.

PSYCHOTHERAPIES FOR DEPRESSION

Acceptance and Commitment Therapy for Depression (ACT-D)

ACT-D is a behavioral treatment for depression that includes mindfulness, behavioral activation, and acceptance. It focuses on the present, reduces avoidance, and teaches a willingness to experience unpleasant emotions, thoughts, memories, and physical sensations. ACT-D aims to increase psychological flexibility through six processes.

Behavioral Activation (BA) for Depression

BA is a type of behavior therapy that emphasizes decreasing avoidance and isolation. It focuses on the importance of activation for recovery from depression. BA typically requires 2 to 20 sessions, each lasting 50-60 minutes. The goals of BA are increasing levels of positive reinforcement from the environment and widening behavioral repertoires. Behavior patterns are identified and patients are assisted in managing emotions associated with depression.

Cognitive Behavioral Therapy for Depression (CBT-D)

CBT-D is a structured, present-oriented approach to psychotherapy that helps patients modify unhelpful patterns of thinking and behavior in order to resolve current problems. CBT generally includes three broad phases. During the initial phase, the therapist orients the patient to treatment. During the middle phase, cognitive and behavioral strategies are implemented to help address maladaptive thoughts/behaviors. The ending phase includes emphasis on relapse prevention.

Interpersonal Therapy (IPT) for Depression

IPT is a short-term manual-based treatment for depression, usually lasting 6-20 sessions, each 50-60 minutes in length. IPT is derived from attachment theory and addresses the impact of interpersonal functioning on symptoms of depression. Interpersonal focus is based on the following problem areas: 1) complicated bereavement, 2) role disputes, 3) role transition, and 4) interpersonal skills.

Mindfulness Based Cognitive Therapy (MBCT)

MBCT is a treatment for depression that blends traditional cognitive techniques and mindfulness practices. MBCT is comprised of 8 group sessions, each lasting about 90-120 minutes. In MBCT, the patient learns techniques to recognize and interrupt unhelpful patterns of cognitive-affective processing that can trigger and maintain depressive episodes. MBCT emphasizes acceptance, rather than challenging the content of one's thoughts.

Problem Solving Therapy (PST) for Depression

PST is a short-term (6-10 sessions), present-focused, structured approach focused on teaching adaptive problem-solving attitudes and skills. The therapist and patient collaboratively identify and prioritize problem areas, break down problems into smaller, manageable tasks, and problem solve. PST teaches individuals coping skills to better solve 'here and now' problems contributing to their depression.

PSYCHOTHERAPIES FOR INSOMNIA

Cognitive Behavioral Therapy for Insomnia (CBT-I)

CBT-I is a research-driven approach for individuals with a diagnosis of Insomnia. The treatment typically lasts 4-12 sessions, each 30-60 minutes in length. During the initial phase, the therapist and patient work collaboratively to identify the underlying causes of Insomnia. During the next phase, cognitive and behavioral strategies are implemented to help improve sleep, including stimulus control, sleep hygiene, sleep restriction, relaxation training and cognitive strategies.

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Provider Name: _____ Period Covered: _____

Today's Date: _____

Questions:	Answer Keys: Enter a number for each diagnosis-specific therapy from one of these choices:	PTSD							Depression						Insomnia
		BEP	CBT	CPT	EMDR	NET	PE	WET	ACT-D	BA	CBT-D	IPT	MBCT	PST	CBT-I
1. Which of the following statements best describes the type of training you have had for each treatment modality?	1) No previous training 2) Informal self-study or grad school training 3) Attended a formal workshop (2-3 days) 4) Attended at least one formal workshop plus follow-on consultation	___	___	___	___	___	___	___	___	___	___	___	___	___	___
2. Which of the following statements best describes the amount you use each treatment modality?	1) Use with less than 25% of patients 2) Use with about 25% of patients 3) Use with about 50% of patients 4) Use with about 75% of patients 5) Use with about 100% of patients	___	___	___	___	___	___	___	___	___	___	___	___	___	___

3. Approximately how many patients with **PTSD** have you seen during the period covered in this assessment? _____

4. Approximately how many patients with **depression** have you seen during the period covered in this assessment? _____

5. Approximately how many patients with **Insomnia** have you seen during the period covered in this assessment? _____

Psychotherapy Abbreviations (see instructions for descriptions of these therapies):

BEP: Brief Eclectic Psychotherapy	**ACT-D:** Acceptance and Commitment Therapy
CBT: Cognitive Behavioral Therapy for PTSD	**BA:** Behavioral Activation Therapy
CPT: Cognitive Processing Therapy	**CBT-D:** Cognitive Behavioral Therapy for Depression
EMDR: Eye Movement Desensitization & Reprocessing Therapy	**IPT:** Interpersonal Psychotherapy
NET: Narrative Exposure Therapy	**MBCT:** Mindfulness Based Cognitive Therapy
PE: Prolonged Exposure Therapy	**PST:** Problem-Solving Therapy
WET: Written Exposure Therapy	**CBT-I:** Cognitive Behavioral Therapy for Insomnia