Expanding Group Services: Benefits & Best Practices

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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 the benefits of having an optimized group psychotherapy program

- Distinguish strategies to optimize group therapy implementation

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Group Therapy Program Differences

Typical Program	Optimized Program
• Based on Provider Interest	• Based on Population Needs
• Multiple Methods for Referral	• Standard Referral Method
• Largely Process-style Groups	• Emphasis on EBP and Psychoeducational Groups
• Often Hard to Fill Groups	• Groups Fill Regularly

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Whittingham, Leforgge, & Marmarosh (2021)

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Ft. Somewhere

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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					

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Example Weekly Group Schedule

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					

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Benefits of Group Therapy

Photo by Ruth Forster. Image owned by HJF.

- Providers
- Patients
- Clinic/MTF

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Benefits for Providers: 3 Areas

Peace of Mind

Manage Workload

Professional Time

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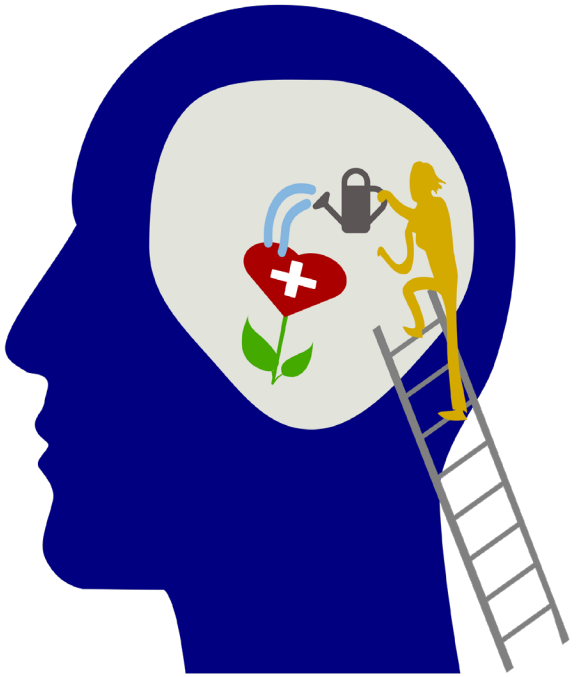
Peace of Mind

Greater EBP Access

Weekly Therapy Access

More Time for Severe Cases

More Time for Handling Crises



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Workload Management

Decreases Workload

Reduces Time Focused on Basic Skills & Concepts

BHT Led Groups

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Professional Time

EBP Trainings & Consultation

Peer Consultation

Review Research or Time to Learn

Prepare for Upcoming Sessions

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Benefits for Patients

Easy Access to Quality EBP Care

Able to Have Weekly Sessions

General Benefits of Group (support, normalization of symptoms, etc.)

Brabender et al., 2004; Rosendahl et al., 2021

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Benefits for the Clinic

Better Access to Care Metrics

Meet DoD Guidelines for Access to EBPs

Higher Morale/Lower Staff Turnover

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Steps to Expand Group Program

1. Determine Group Needs
2. ID Providers & Group Materials
3. Set Up Groups Using Best Practices
4. Simplify Referral Process

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What Groups Does the Clinic Need?

- Look at Appt Data
- Survey Patients
- Ask Providers

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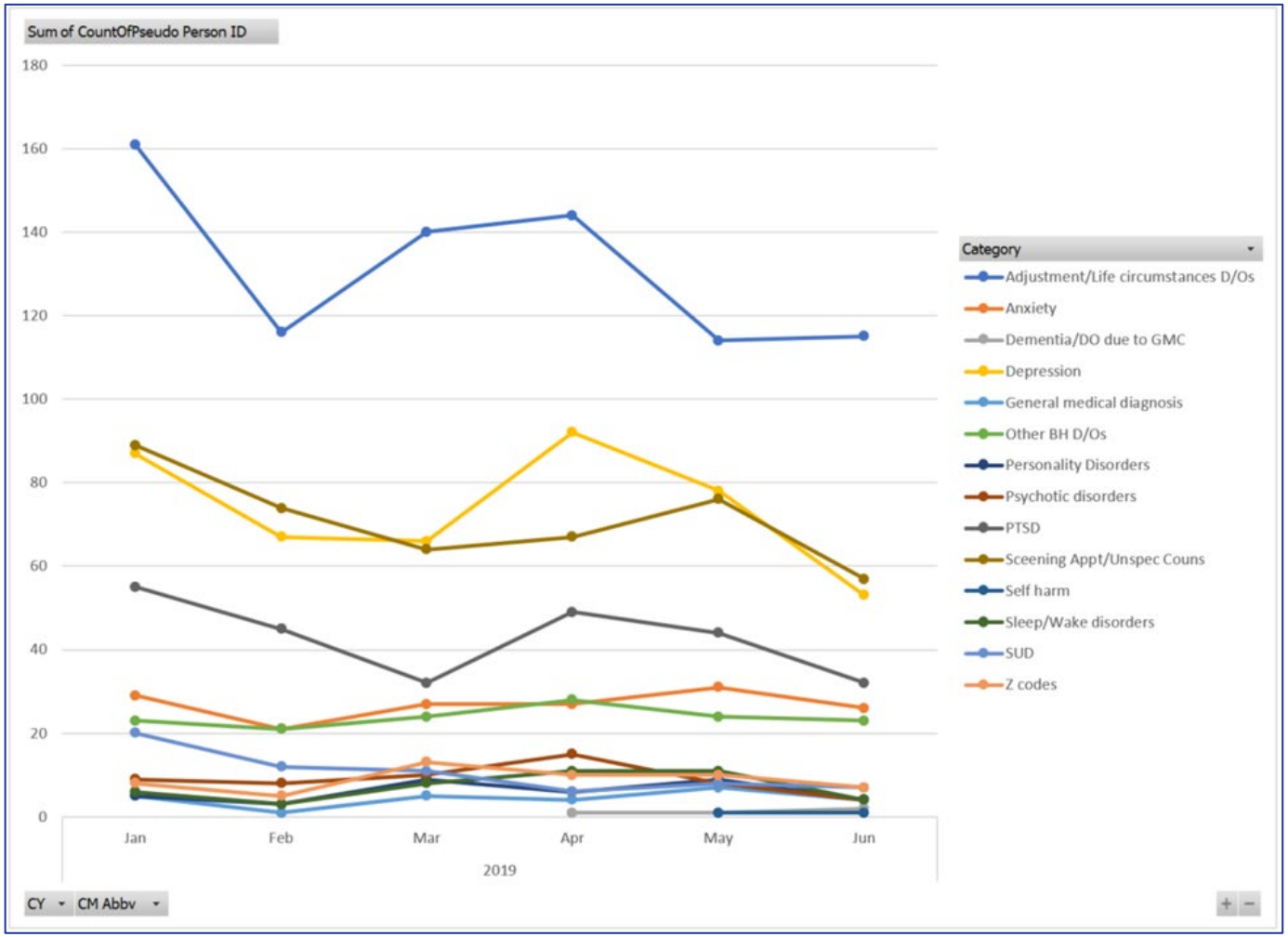
Tools for Determining Group Offerings



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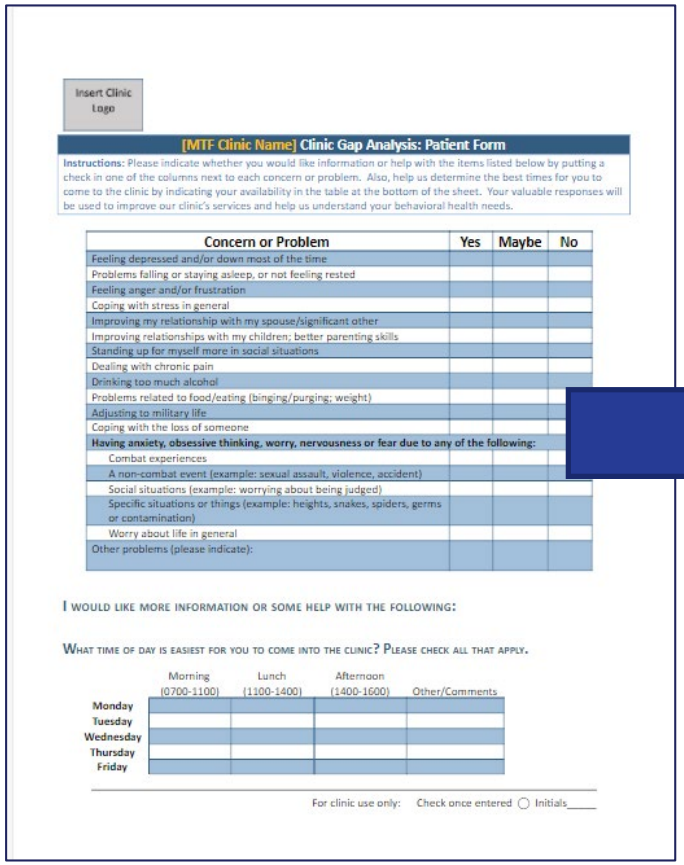
Tools for Determining Group Offerings



Insert Clinic Logo

[MTF Clinic Name] Clinic Gap Analysis: Patient Form

Instructions: Please indicate whether you would like information or help with the items listed below by putting a check in one of the columns next to each concern or problem. Also, help us determine the best times for you to come to the clinic by indicating your availability in the table at the bottom of the sheet. Your valuable responses will be used to improve our clinic's services and help us understand your behavioral health needs.

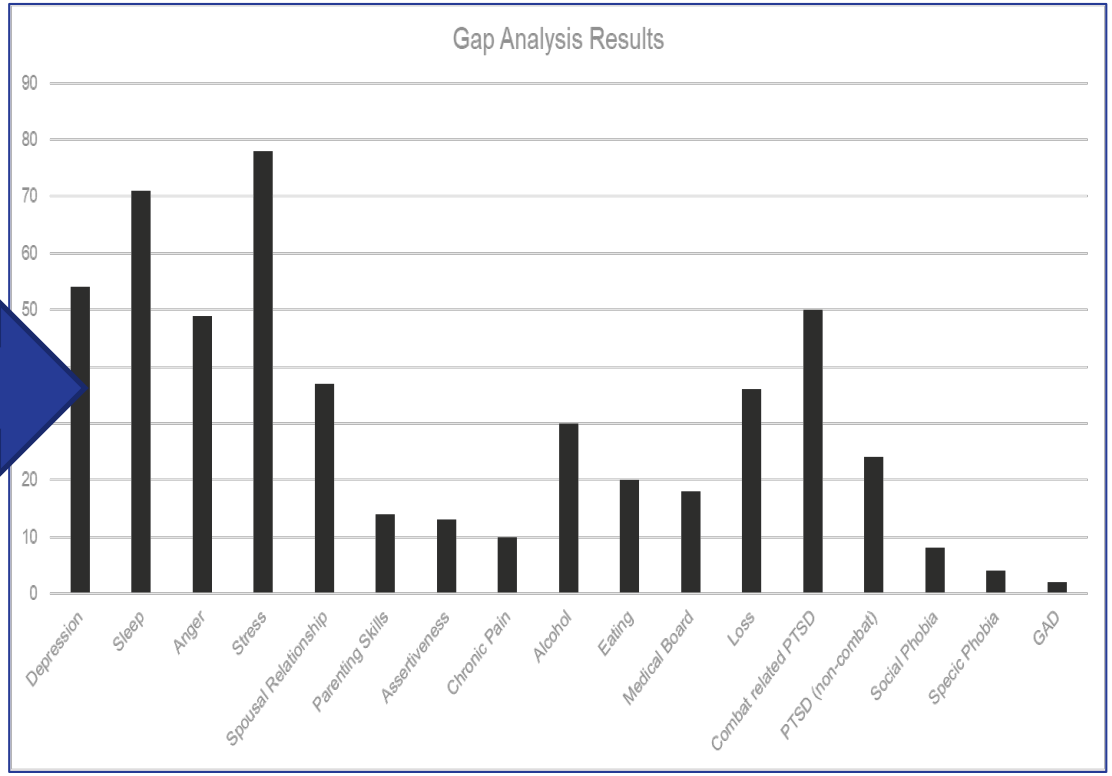
Concern or Problem	Yes	Maybe	No
Feeling depressed and/or down most of the time			
Problems falling or staying asleep, or not feeling rested			
Feeling anger and/or frustration			
Coping with stress in general			
Improving my relationship with my spouse/significant other			
Improving relationships with my children; better parenting skills			
Standing up for myself more in social situations			
Dealing with chronic pain			
Drinking too much alcohol			
Problems related to food/eating (binging/purging; weight)			
Adjusting to military life			
Coping with the loss of someone			
Having anxiety, obsessive thinking, worry, nervousness or fear due to any of the following:			
Combat experiences			
A non-combat event (example: sexual assault, violence, accident)			
Social situations (example: worrying about being judged)			
Specific situations or things (example: heights, snakes, spiders, germs or contamination)			
Worry about life in general			
Other problems (please indicate):			

I WOULD LIKE MORE INFORMATION OR SOME HELP WITH THE FOLLOWING:

WHAT TIME OF DAY IS EASIEST FOR YOU TO COME INTO THE CLINIC? PLEASE CHECK ALL THAT APPLY.

	Morning (0700-1100)	Lunch (1100-1400)	Afternoon (1400-1600)	Other/Comments
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

For clinic use only: Check once entered ○ Initials____



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Group 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 or Number of Sessions
- Open Groups with New Members Joining
- Experiential Style
- Unstructured

Yalom & Leszez, 2021

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Important Next Steps

Identify Providers

- Treatment Expertise
- Time to Run Groups
- Comfortable w/groups

Locate Materials

- Group Manuals
- Handouts/Worksheets

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Whittingham, Leforgge, & Marmarosh (2021)

Use Best Practices

- Incentivize Providers
- Leverage BHTs
- Gain Patient Buy-In
- Optimize Scheduling

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Motivating Providers to do Groups

Incentives

- Decrease Other Clinical Workload
- Reduce Administrative Burden
- Provide Support (BHTs)
- Contributions Noted in Evaluations

Protecting Time

- Allow Time for Notes/Manage Group
- Clear Rules for Group Providers Roles

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Differentiating Group Leader Role

Group provider	Primary provider
• Runs the Group	• Reviews Group Notes
• Documents Notes in EHR	• Handles Crisis Walk-Ins
• Alerts Primary Provider of Significant Changes	• Interfaces with Command
• Does not Change Tx Plan	• Writes MEB if Needed

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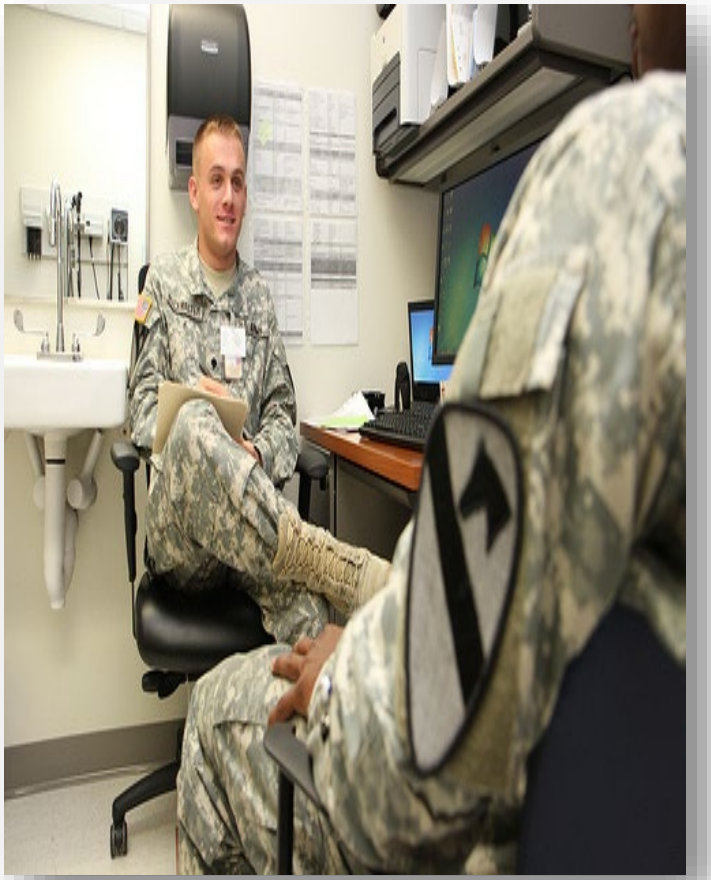
Leverage BHTs

- Teach Psychoed Groups
- Co-Facilitate EBP Groups
- Prep Group Materials
- Admin/Score Measures
- Draft Clinical Notes
- Screen & Track Patients



U.S. Army photo by SGT Christopher Calvert.
http://www.dvidshub.net/image/1006077/ai r-cavalry-mental-health-specialist-helps -troops-combats-stigma

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Tools for BHT Support

{INSERT NAME OF YOUR CLINIC}

EBP PRE-GROUP SCREENING FORM

EBP Group: _____ **Facilitator(s):** _____ **Date:** _____

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 0-10, where 0 is not at all motivated and a 10 is completely motivated?

How motivated are you to attend group therapy on a scale of 0-10, where 0 is not at all motivated and a 10 is completely motivated??

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

Have you ever stopped a treatment before it concluded or before the goals were met? Y / N
If yes, what led to that? _____

Confirm Understanding of Group Logistics:

Are you able to attend at the set date and time? Y / N
If no, what is your 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

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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 participants' suitability and appropriateness for group
- Assess participants' interpersonal skills
- Determine participants' 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 policy 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 the referral source. Is the referring provider within the clinic?
   a. Does the patient have an intake in the medical record 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, psychiatric hospitalizations, problems with 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)

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Tools for BHT Support

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

Group Name: _____
Date & Time: _____
Facilitator(s): _____
This Group Cycle: Begins on _____ Ends on _____

Patient Name	Last 4	Outcome Measure(s)	Participation Information	MSE	Plans for Next Session:	Comments (bx obs, homework assignments, etc)
Joe Example	6423	PCL: 55	Attend: (Y)/N Participate: (Y)/N Homework: (Y)/N	Mood: Angry Affect: (Cong)/Incon SI/HI: Y/(N)	Complete session 5 of CPT group. Ensure patient was able to follow-up with psychiatry.	Patient was 15 minutes late; stated he is 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		
			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		

Cognitive Behavioral Group Therapy for Insomnia

Session #1 – Introduction to Cognitive Behavioral Therapy for Insomnia

Content: During this session, group participants reviewed group expectations and confidentiality. Psychoeducation on sleep and CBT-I was provided including typical sleep requirements, the 3P Model of Insomnia, and diagnostic criteria for Insomnia. Treatment goals were determined and participants were also instructed on the use of the Sleep Diary. Baseline information was collected through administration of the Insomnia Severity Index (ISI) and the Epworth Sleepiness Scale (ESS) before group began. The patient scored a # on the ISI and a # on the ESS.

Patient was/was not an active participant in group.

The patient's mood was _____ and affect was _____. The patient reported/denied suicidal or homicidal ideation/behaviors. No pain noted by patient.

Homework: The patient was assigned to complete a baseline sleep log.

Plan: Continued Group CBT for Insomnia.

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Gain Patient Buy-In

- Expectation Group is the Norm
- Emphasize Effectiveness
- Emphasize Access to Care
- Group Preparation/Screening

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Yalom & Leszcz, 2021

Tools for Patient Buy-In

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Fact Sheet

Evidence-Based Psychotherapy Groups

What is an Evidence-Based Psychotherapy Group?

Evidence-based psychotherapies (EBP) are treatments that have been carefully studied and found to be effective for treating many people with a wide array of psychological disorders or concerns including posttraumatic stress disorder (PTSD), depression, anxiety, and sleep difficulties. Many of these therapies can also be conducted in group format.

Research has shown most people who receive evidence-based psychotherapy report fewer symptoms and an improvement in overall functioning by the end of treatment. They also continue to feel better months after treatment has ended. Attending an EBP in a group format has the added benefit of witnessing the progress that fellow members are making in applying the skills and techniques learned in the sessions so you can "see" it working.

How is an Evidence-Based Psychotherapy Group Different from Other Groups?

EBP groups differ from support groups (also known as "process groups") that may also be available at your clinic. Process groups are often more open-ended with less structure, where members are encouraged to discuss whatever is on their mind. In contrast, EBP groups are more like taking a course or workshop, where the group leader teaches a new skill each session. Members discuss the problems they are experiencing and learn specific tools to help them deal with these problems. Members are given out of session assignments in order to actively practice what they learn.

What Types of Evidence-Based Psychotherapy Groups are Available?

There are numerous EBPs that can be provided in a group therapy format. The following table lists some popular EBP groups for common disorders within military settings.

PTSD	• Cognitive Processing Therapy (CPT) • Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)
DEPRESSION	• Cognitive Behavioral Therapy for Depression (CBT-D) • 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.

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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.

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Tools for Patient Buy-In

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Handout

Benefits of Group Therapy

Group therapy is an excellent way of getting high quality treatment and is something many clinics generally require for new patients. This handout will help you understand why clinics encourage groups by showing an example of how much of a difference it can make to the amount of treatment you receive.

A Tale of Two Corporals

Two Corporals came to the Behavioral Health Clinic to get help for moderate clinical depression (neither wanted medications). Both of these CPLs had the same provider in the clinic who had a large number of patients. This provider could only see individual therapy patients every 4-5 weeks. Both CPLs were seen in the clinic for 3 months.

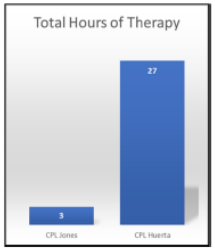
- CPL Jones was assigned to individual therapy only.
- CPL Huerta was assigned a mix of group therapy and occasional individual sessions. CPL Huerta attended a weekly cognitive behavioral therapy (CBT) group for depression, an eight-week coping skills group, and an individual session with their provider when the groups ended.

CPL Jones	Therapy Time	# Hours		CPL Huerta	Therapy Time	# Hours
Individual therapy sess.	3 x 60 mins	3		Individual therapy sess.	1 x 60 mins	1
-----	---	-		CBT for depression group	12 x 90 mins	18
-----	---	-		Coping skills group	8 x 60 mins	8
	Total →	3			Total →	27

- When you add up the number of hours of therapy that each Corporal received, you can see that CPL Huerta received ***many*** more hours of therapy than CPL Jones in the same 3-month period.

Questions to Think About

- Who is more likely to get relief from their depression, CPL Jones or CPL Huerta?
- Which person would be more adversely impacted by missing 2 appointments because they couldn't pull away from work?
- If you were a friend or family member of one of these CPLs, would you tell them to try group?
- What if no groups were used and everyone had to wait 5-6 weeks for each follow-up?



Facts about Group Treatment

- Group therapy is effective and allows you to be seen more often
- Being seen more often improves your chances of getting better
- You learn the same skills and techniques in group that you would in individual sessions
- Many therapy groups offer evidence-based treatments and interventions
- Getting an evidence-based therapy improves your chances of getting better

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{INSERT NAME OF YOUR CLINIC}

PARTCIPANT AGREEMENT FOR EBP GROUP TREATMENT

Today's Date: _____

ng concerns: (Example: I feel depressed; I can't relax)

I'd like to... (Example: have more hope; feel less anxious)

Rules and Procedures

portant that you arrive on time and are able to attend each of the
nce, please inform the group a week in advance. If you must cance
XX-XXX-XXXX within the clinic's cancellation policy timeframe. {In
}
iality in group therapy is taken very seriously by staff and fellow grou
will hear about other people struggling with similar problems, and yo
e leader(s) of your group will ask you to keep the identity of and ir
rivate. Most EBP groups are ran like workshops or classrooms, so yo
nformation about yourself unless doing so helps you reach your perso
ct in a respectful way to your fellow group participants and clinic staff
e cell phones during group sessions and take emergency phone calls o
d Drugs: Do not use alcohol or non-prescribed drugs before group se
icipate and learn.
sked to practice skills between sessions, which may include writing.
to greater improvement over the course of the group. Group leaders
t is important to bring your homework and materials with you to e
een sessions at the following group session.
oping New Skills: Time in group is used for learning and practicing spe
medication refills, letters to command, and similar issues, please

vider leading the group will put a note in your medical record foll
ur level of participation and progress, including whether homework w
aving urgent mental health or medical problems during duty hours,
r Behavioral Health Clinic. If after hours, please go to the nearest Em
ance}

llow these rules and procedures.

ture _____ Date _____ Staff Member Signature _____

CBT for Depression Group

[Enter Clinic Name Here]

What is CBT-D?

Cognitive Behavioral Therapy for Depression (CBT-D) is one of the therapies recommended by the VA/DoD for the treatment of depression. CBT-D is based on years of research; the overall goal is to improve the symptoms of depression by helping you develop more balanced and helpful thoughts about yourself, others, and the future, and by helping you spend more time engaging in pleasurable and/or productive activities. CBT-D can help you achieve personal goals and solve problems by learning and practicing new skills.

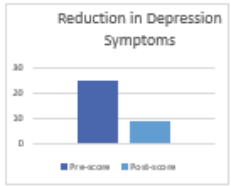
If you decide to participate in CBT-D, you will be asked to:

- *Think differently* about life situations
- *Cope* with both current and future problems
- *Apply skills* in your life that will help you feel better

CBT-D typically requires 12 to 16 sessions to lead to significant improvement. Each session lasts about 90 minutes. CBT-D is particularly helpful for those coping with mild, moderate, or severe depression.

Proven Results

The (enter MTF MH Clinic name here) Clinic has been collecting local data for our CBT for Depression group. Results indicate that people who attend and complete a full course of this group reported a (enter % improvement in your group outcome measure scores here; i.e., 40% reduction in depression symptoms as measured by the PHQ-9).



(Instructions on how to edit chart:
1. Double click on chart
2. Design- Click on Edit data
3. Enter average Pre-score for group (baseline score on outcome measure such as PHQ-9)
4. Enter average Post-Score for group (scores on outcome measure upon completion of group))

Testimonials

"Enter past participant testimonial here." – Anonymous, Military branch, rank

"Enter past participant testimonial here." – Anonymous, Military branch, rank

Group Information

Date/Time: _____

Location: _____

To sign up for the group, speak with your provider or the front desk staff!

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Optimize Scheduling

Multiple Groups on Same Day

Run Multiple Iterations of Same Group

Pacing of Individual Sessions

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Example Weekly Group Schedule

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					

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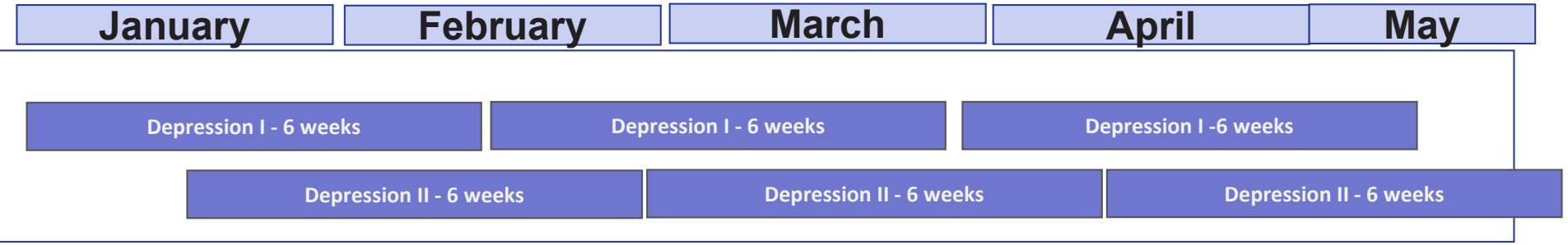
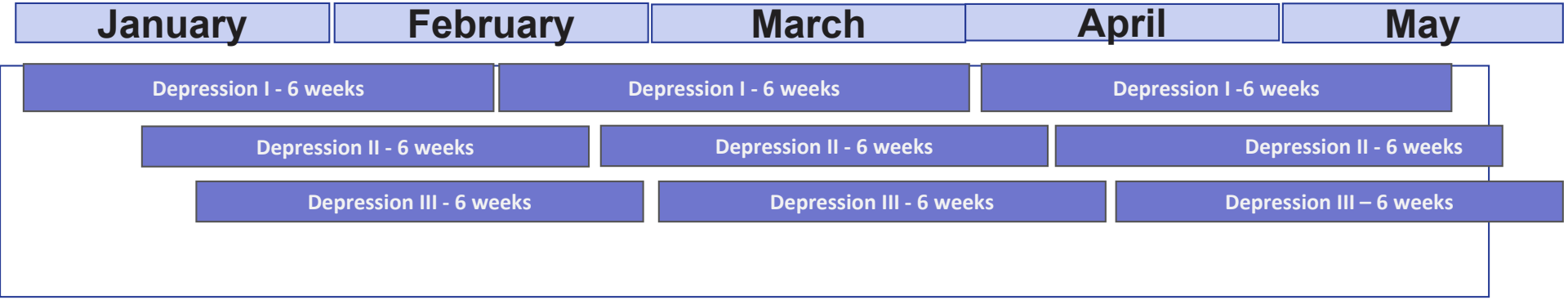
Staggering Groups

Two Depression Groups- Staggered every three weeks



Three Depression Groups- Staggered every two weeks



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Pacing of Individual Sessions

Concurrent Model

Intermittent Model

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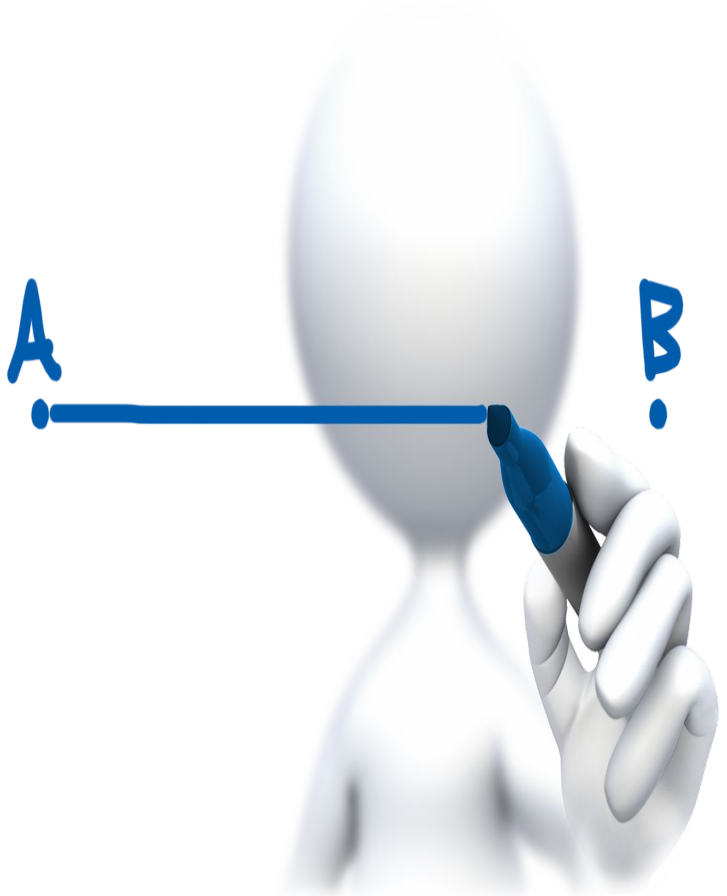
Streamline Referral Processes

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



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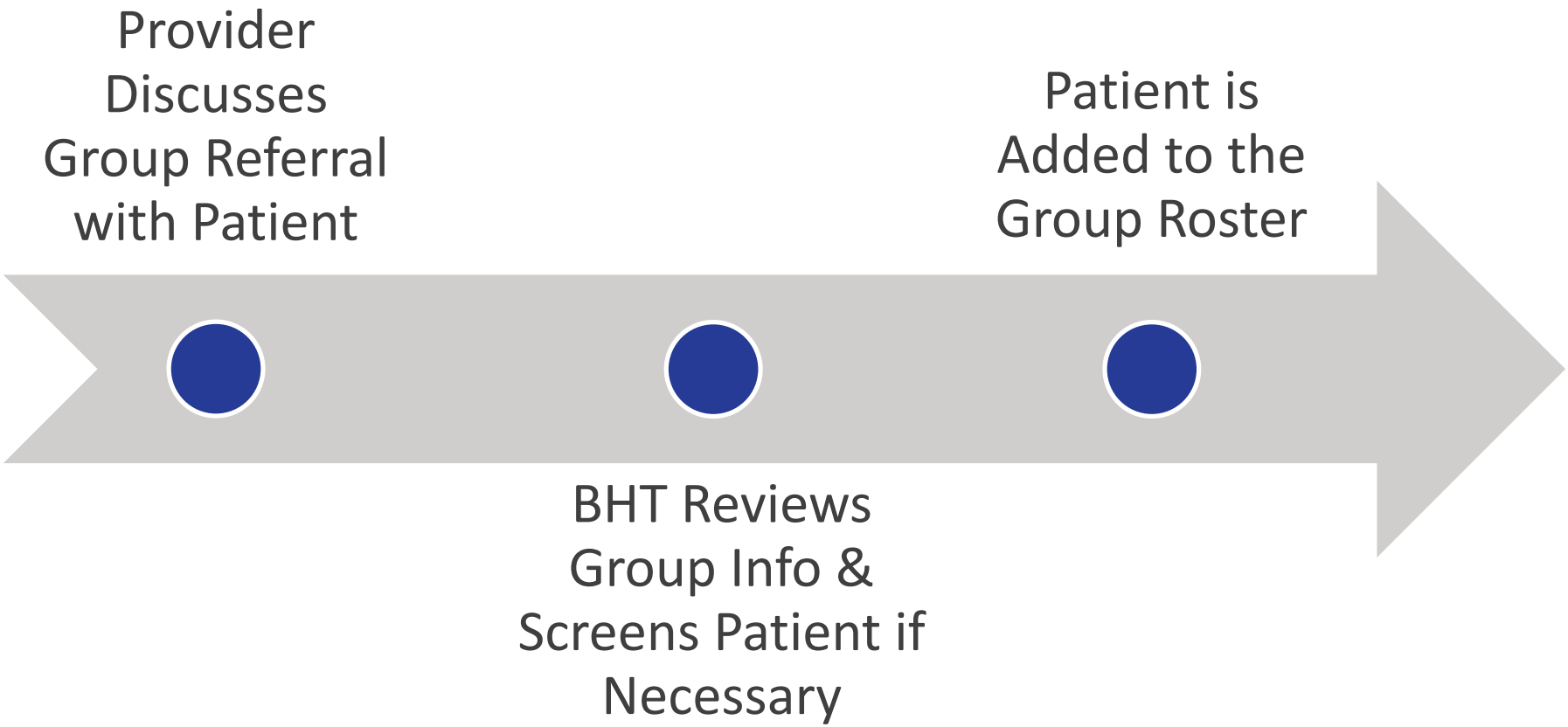
Optimal Referral Process



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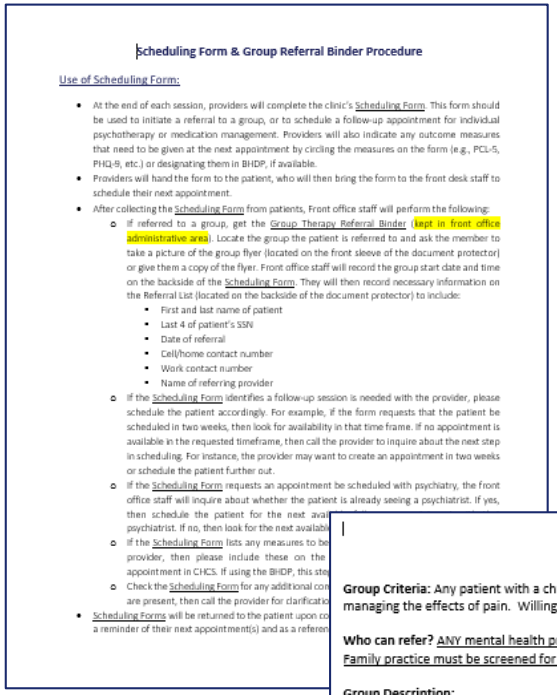
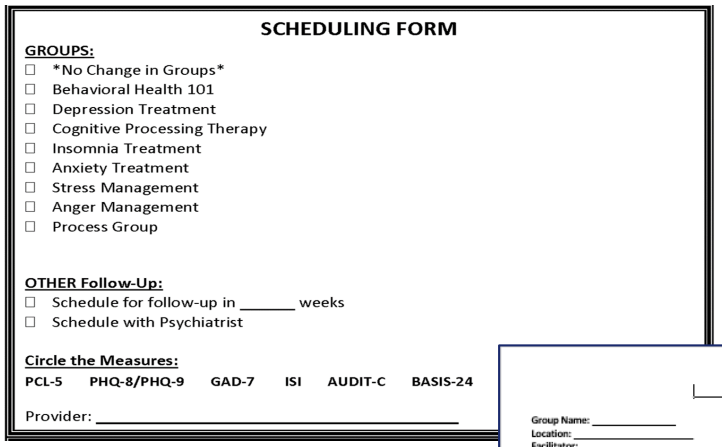
Tools for Streamlining Referrals



Scheduling Form & Group Referral Binder Procedure

Use of Scheduling Form:

- At the end of each session, providers will complete the clinic's Scheduling Form. This form should be used to initiate a referral to a group, or to schedule a follow-up appointment for individual psychotherapy or medication management. Providers will also indicate any outcome measures that need to be given at the next appointment by circling the measures on the form (e.g., PCL-5, PHQ-9, etc.) or designating them in BHDP, if available.
- Providers will hand the form to the patient, who will then bring the form to the front desk staff to schedule their next appointment.
- After collecting the Scheduling Form from patients, Front office staff will perform the following:
  - If referred to a group, get the Group Therapy Referral Binder (kept in front office administrative area). Locate the group the patient is referred to and ask the member to take a picture of the group flyer (located on the front sleeve of the document protector) or give them a copy of the flyer. Front office staff will record the group start date and time on the backside of the Scheduling Form. They will then record necessary information on the Referral List (located on the backside of the document protector) to include:
    - First and last name of patient
    - Last 4 of patient's SSN
    - Date of referral
    - Cell/home contact number
    - Work contact number
    - Name of referring provider
  - If the Scheduling Form identifies a follow-up session is needed with the provider, please schedule the patient accordingly. For example, if the form requests that the patient be scheduled in two weeks, then look for availability in that time frame. If no appointment is available in the requested timeframe, then call the provider to inquire about the next step in scheduling. For instance, the provider may want to create an appointment in two weeks or schedule the patient further out.
  - If the Scheduling Form requests an appointment be scheduled with psychiatry, the front office staff will inquire about whether the patient is already seeing a psychiatrist. If yes, then schedule the patient for the next avail… psychiatrist. If no, then look for the next availabl…
  - If the Scheduling Form lists any measures to be… provider, then please include these on the … appointment in CHCS. If using the BHDP, this ste…
  - Check the Scheduling Form for any additional con… are present, then call the provider for clarificatio…
- Scheduling Forms will be returned to the patient upon co… a reminder of their next appointment(s) and as a referen…



SCHEDULING FORM

GROUPS:

- ☐ *No Change in Groups*
- ☐ Behavioral Health 101
- ☐ Depression Treatment
- ☐ Cognitive Processing Therapy
- ☐ Insomnia Treatment
- ☐ Anxiety Treatment
- ☐ Stress Management
- ☐ Anger Management
- ☐ Process Group

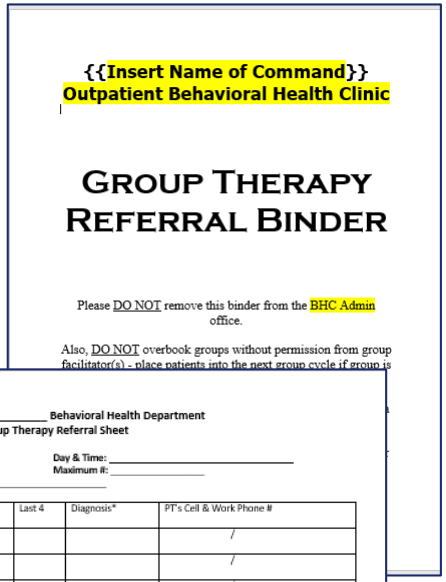
OTHER Follow-Up:

- ☐ Schedule for follow-up in _____ weeks
- ☐ Schedule with Psychiatrist

Circle the Measures:

PCL-5 PHQ-8/PHQ-9 GAD-7 ISI AUDIT-C BASIS-24

Provider: _____

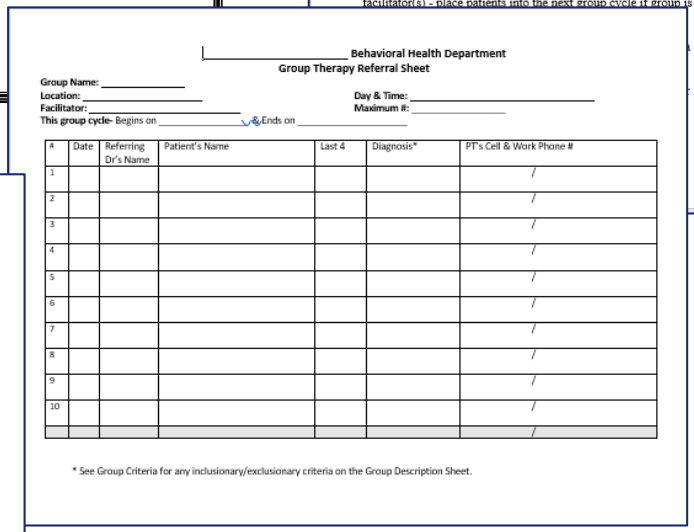


{{Insert Name of Command}}
Outpatient Behavioral Health Clinic

GROUP THERAPY REFERRAL BINDER

Please DO NOT remove this binder from the BHC Admin office.

Also, DO NOT overbook groups without permission from group facilitator(s) - place patients into the next group cycle if group is

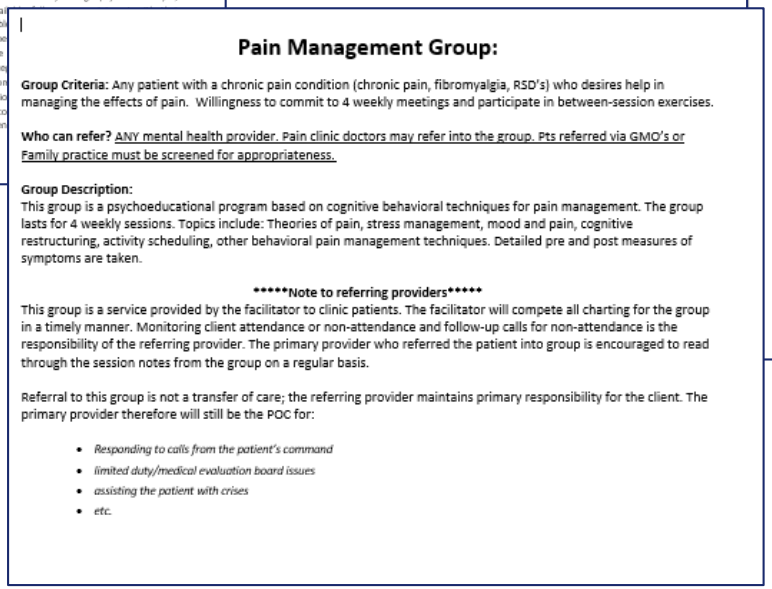


_____ Behavioral Health Department
Group Therapy Referral Sheet

Group Name: _____
Location: _____ Day & Time: _____
Facilitator: _____ Maximum #: _____
This group cycle- Begins on _____ & Ends on _____

#	Date	Referring Dr's Name	Patient's Name	Last 4	Diagnosis*	PT's Cell & Work Phone #
1						/
2						/
3						/
4						/
5						/
6						/
7						/
8						/
9						/
10						/
						/

* See Group Criteria for any inclusionary/exclusionary criteria on the Group Description Sheet.



Pain Management Group:

Group Criteria: Any patient with a chronic pain condition (chronic pain, fibromyalgia, RSD's) who desires help in managing the effects of pain. Willingness to commit to 4 weekly meetings and participate in between-session exercises.

Who can refer? ANY mental health provider. Pain clinic doctors may refer into the group. Pts referred via GMO's or Family practice must be screened for appropriateness.

Group Description:
This group is a psychoeducational program based on cognitive behavioral techniques for pain management. The group lasts for 4 weekly sessions. Topics include: Theories of pain, stress management, mood and pain, cognitive restructuring, activity scheduling, other behavioral pain management techniques. Detailed pre and post measures of symptoms are taken.

*****Note to referring providers*****

This group is a service provided by the facilitator to clinic patients. The facilitator will compete all charting for the group in a timely manner. Monitoring client attendance or non-attendance and follow-up calls for non-attendance is the responsibility of the referring provider. The primary provider who referred the patient into group is encouraged to read through the session notes from the group on a regular basis.

Referral to this group is not a transfer of care; the referring provider maintains primary responsibility for the client. The primary provider therefore will still be the POC for:

- *Responding to calls from the patient's command*
- *limited duty/medical evaluation board issues*
- *assisting the patient with crises*
- *etc.*

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Additional Concepts

Group Services Coordinator

- Group Services Implementation
- ID Needed Groups & Marketing
- Manage Logistical Functions
- Provide Training in Group Work
- Monitor Effectiveness of Groups

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Therapy Continuation Groups

Helps Manage Caseloads

Transition Long Term Cases

90 Minute Process Group

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Tools for Therapy Continuation Groups

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Handout

Therapy Continuation Groups

Our clinic uses Therapy Continuation Groups as a way for providers to continue seeing patients in a group after a period of individual therapy. These groups are run by your own provider, the person who provided your individual therapy and already knows your case and your history. These groups occur at the same time each week and are 90 minutes long. Let's discuss some frequently asked questions.

What does one of these group sessions look like?

These groups last for 90 minutes, so they are longer than most therapy sessions you are probably used to attending. Therapy Continuation Groups are a type of interpersonal therapy group, also called a "process group." The groups will have your provider and 2-10 other members, with the provider leading the group. Group members share what they have been struggling with since the last session and receive support from other group members and the therapist.

What gets discussed in these groups?

For the most part, patients talk about the same types of issues and problems in group that they would with their individual therapist. Groups have the advantage of getting perspectives and support from other people who have also been through, or are currently going through, the same types of issues. The therapist will moderate discussion and try to ensure everyone who wants to discuss an issue has a chance to each session.

How long do these groups last?

While some groups are highly structured (e.g., lasting only 10 sessions), Therapy Continuation Groups are open ended, meaning that there is no set start or end date. Someone can start into the group at any time and can continue to attend sessions as long as they and their provider feel it's beneficial.

Is this group right for me?

These groups are designed to meet the needs of a wide range of disorders, such as depression, anxiety, occupational or relationship issues and many others. If your provider is referring you, it means that they believe you would be an appropriate member of the group.

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Handout for Providers

Therapy Continuation Groups: Provider Handout

Clinic providers who have accumulated large numbers of long-term therapy cases on their panels often find that their panel sizes grow to the point that their patients cannot be seen weekly or even every other week. When wait times for follow-up appointments grow to two or more weeks, it can lead to slower patient progress (especially as use of Evidence-Based Psychotherapies drops off with longer wait times). A common way to help providers who have large panel sizes is to temporarily suspend their requirement to take on new patients. Note that this practice can lead to the clinic not meeting its DoD-mandated Access to Care metric. If a clinic is approaching the 28-day limit on Access to Care, it should not delete intake appointments, but should instead look at other mechanisms to help providers manage their panel size. This handout describes how providers can use Therapy Continuation Groups to manage their long-term therapy cases.

Process:

Clinic providers are able to convert one of their 60-minute follow-up appointment slots into a 90-minute group therapy slot, which will become that provider's Therapy Continuation Group. Providers use these groups to help manage their panel more effectively by transitioning long-term therapy patients from individual treatment into this more appropriate level of care. These groups are intended to be for the provider's own patients, and hence would not be filled with cases from other clinic providers.

Group Format:

These groups are intended to be 90 minutes in length and are interpersonal/process in nature. An interpersonal/process format for the group allows a provider to place a wide range of patient diagnoses into the same group.

Patient Selection:

There are two primary types of cases providers should consider for their group: 1) Patients who have been seen in individual therapy for long periods of time and are now sub-clinical in terms of their symptom levels and 2) Patients who still have enough symptoms to meet criteria for a disorder, but have stalled in progress for more than 10 sessions. Both of these types of patients may not wish to terminate treatment, and hence remain on the provider's panel.

Referral Process:

After a Therapy Continuation Group slot has been created, the provider can identify cases that are appropriate for this level of care and discuss this treatment option with each of the patients that they want to refer into the group. Providers can use the patient fact sheet for Therapy Continuation Groups to educate their patients about the group.

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Outcome Measures in Groups

- Assure Providers
- Inform Patients
- Process Improvement

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Toolkit Resources

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

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Toolkit Resources

- *Training Decks*
- ***Factsheets & Handouts***
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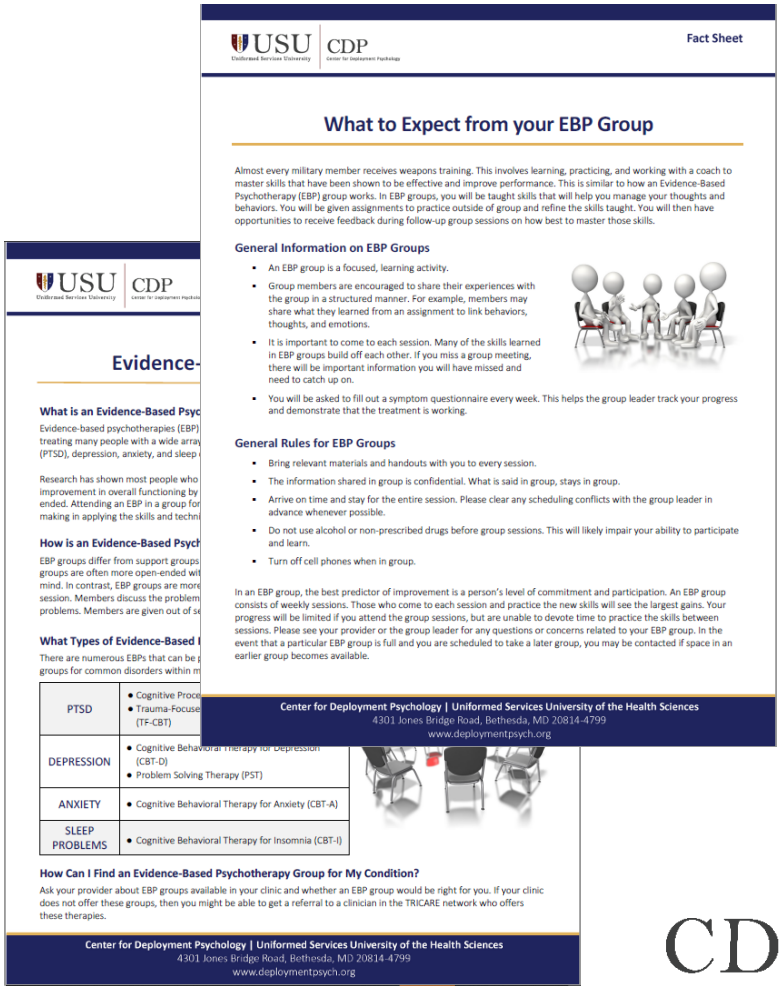

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Fact Sheet

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.

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Evidence-

What is an Evidence-Based Psyc

Evidence-based psychotherapies (EBP)
treating many people with a wide array
(PTSD), depression, anxiety, and sleep

Research has shown most people who
improvement in overall functioning by
ended. Attending an EBP in a group for
making in applying the skills and techni

How is an Evidence-Based Psych

EBP groups differ from support groups
groups are often more open-ended wit
mind. In contrast, EBP groups are more
session. Members discuss the problem
problems. Members are given out of se

What Types of Evidence-Based

There are numerous EBPs that can be
groups for common disorders within m

PTSD	• Cognitive Proce • Trauma-Focuse (TF-CBT)
DEPRESSION	• Cognitive Behavioral Therapy for Depression (CBT-D) • 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.

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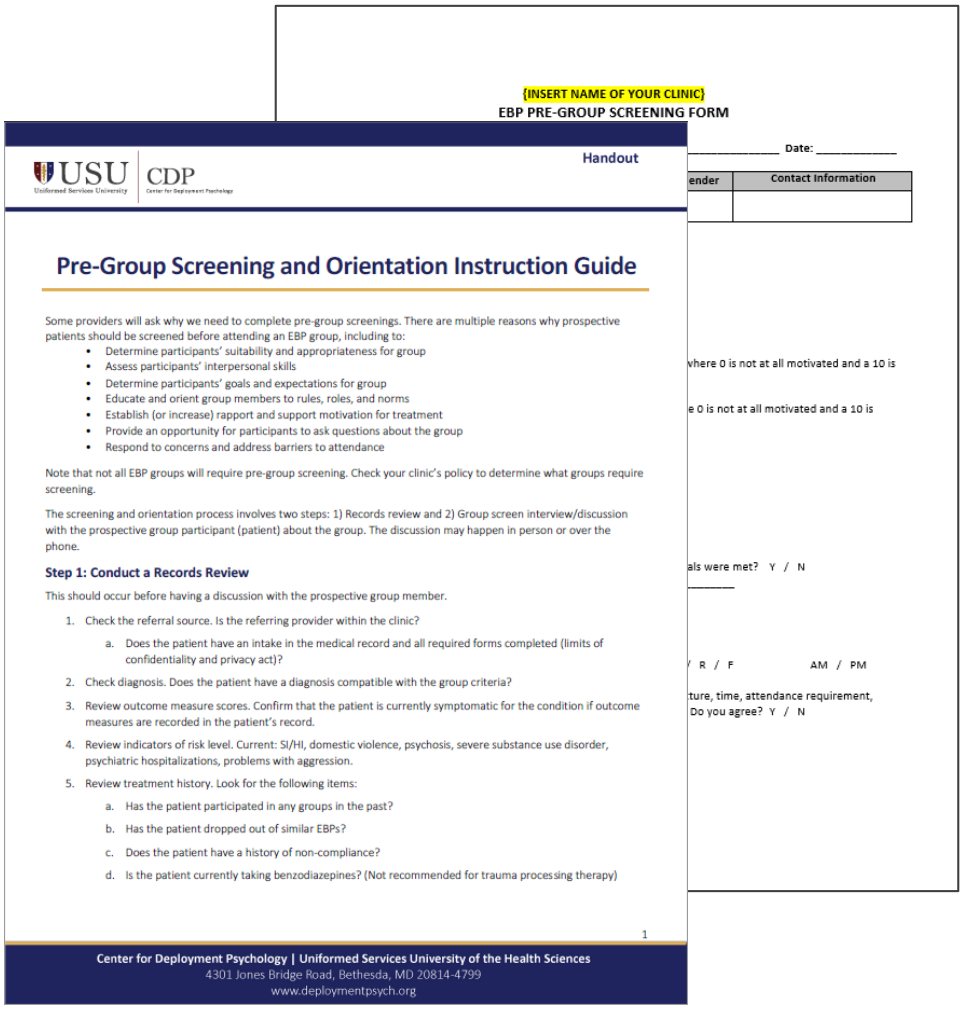
Toolkit Resources

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



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

Date: _____

ender	Contact Information

where 0 is not at all motivated and a 10 is

e 0 is not at all motivated and a 10 is

als were met? Y / N

R / F AM / PM

ture, time, attendance requirement,
Do you agree? Y / N

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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 participants' suitability and appropriateness for group
- Assess participants' interpersonal skills
- Determine participants' 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 policy 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 the referral source. Is the referring provider within the clinic?
   a. Does the patient have an intake in the medical record 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, psychiatric hospitalizations, problems with 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)

1

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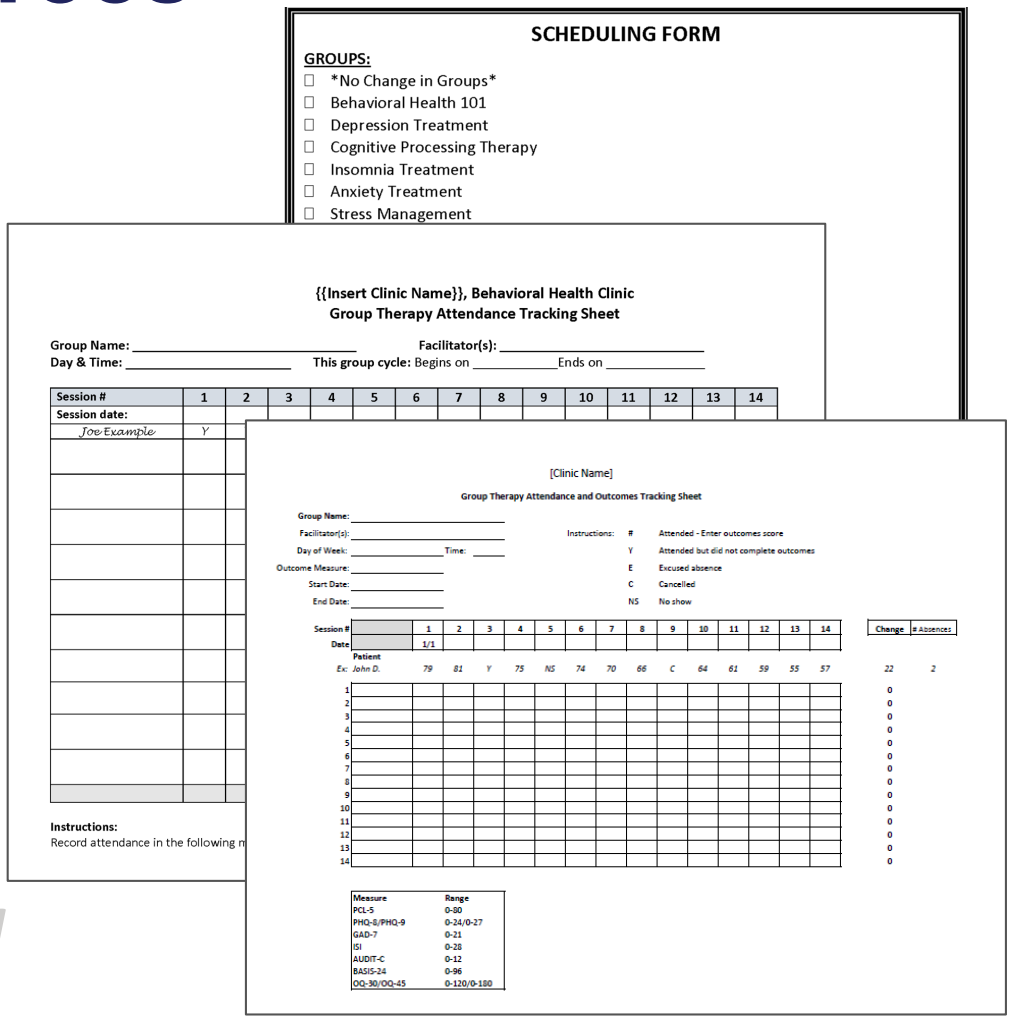

SCHEDULING FORM

GROUPS:

- ☐ *No Change in Groups*
- ☐ Behavioral Health 101
- ☐ Depression Treatment
- ☐ Cognitive Processing Therapy
- ☐ Insomnia Treatment
- ☐ Anxiety Treatment
- ☐ Stress Management

{{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													

Instructions:
Record attendance in the following n

[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																0	
6																0	
7																0	
8																0	
9																0	
10																0	
11																0	
12																0	
13																0	
14																0	

Measure	Range
PCL-5	0-80
PHQ-8/PHQ-9	0-24/0-27
GAD-7	0-21
ISI	0-28
AUDIT-C	0-12
BASIS-24	0-96
OQ-30/OQ-45	0-120/0-180

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Toolkit Resources

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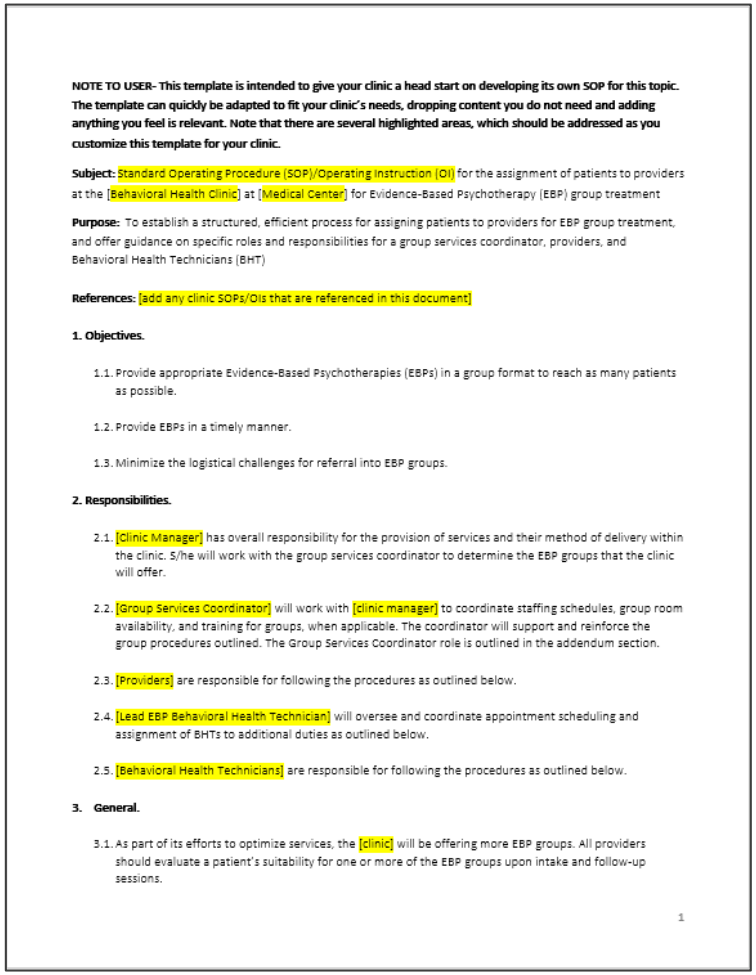

NOTE TO USER- This template is intended to give your clinic a head start on developing its own SOP for this topic. The template can quickly be adapted to fit your clinic's needs, dropping content you do not need and adding anything you feel is relevant. Note that there are several highlighted areas,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

Subject: Standard Operating Procedure (SOP)/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 offer guidance on specific roles and responsibilities for a group services coordinator, providers, and Behavioral Health Technicians (BHT)

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 work with the group services coordinator to determine the EBP groups that the clinic will offer.

2.2. [Group Services Coordinator] will work with [clinic manager] to coordinate staffing schedules, group room availability, and training for groups, when applicable. The coordinator will support and reinforce the group procedures outlined. The Group Services Coordinator role is outlined in the addendum section.

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. All providers should evaluate a patient's suitability for one or more of the EBP groups upon intake and follow-up sessions.

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Summary

- Analyze the benefits of having an optimized group psychotherapy program

- Distinguish strategies to optimize group therapy implementation

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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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