**Semi-structured interview questions for identifying providers with experience in VA/DoD recommended evidence-based psychotherapies (EBPs):**

1. Have you had formal training in EBPs (attended a workshop)? If so, when and where?
* Prolonged Exposure (PE) for PTSD: Y/N; Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_
* Cognitive Processing Therapy (CPT) for PTSD: Y/N; Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_
* Cognitive Behavior Therapy (CBT) for PTSD: Y/N; Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_
* Eye Movement Desensitization and Reprocessing (EMDR) for PTSD: Y/N; Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_
* Brief Eclectic Psychotherapy (BEP) for PTSD: Y/N; Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_
* Narrative Exposure Therapy (NET) for PTSD: Y/N; Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_
* Written Exposure Therapy (WET) for PTSD: Y/N; Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_
* Cognitive Behavior Therapy for Depression (CBT-D): Y/N; Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_
* Problem-Solving Training (PST) for Depression: Y/N; Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_
* Interpersonal Therapy (IPT) for Depression: Y/N; Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_; \_\_\_\_\_\_\_\_\_\_\_\_\_
* Acceptance and Commitment Therapy for Depression (ACT-D): Y/N; Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_
* Behavioral Activation (BA) for Depression: Y/N; Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_
* Mindfulness Based Cognitive Therapy (MBCT) for Depression: Y/N; Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_
* Cognitive Behavior Therapy for Insomnia (CBT-I): Y/N; Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_
* Other (please specify): ­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Y/N; Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_
1. Other than formal workshops, do you have a background in any of the above mentioned therapies? For example, through self-study of the manuals, formal consultation, etc.
* PE: Y/N
* CPT: Y/N
* CBT for PTSD: Y/N
* EMDR: Y/N
* BEP: Y/N
* NET: Y/N
* WET: Y/N
* CBT-D: Y/N
* PST: Y/N
* IPT: Y/N
* ACT-D: Y/N
* BA: Y/N
* MBCT: Y/N
* CBT-Insomnia: Y/N
* Other (please specify): ­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Y/N
1. Approximately how many patients have you used each of these EBPs with?
	* PE: \_\_\_\_\_\_\_\_
	* CPT: \_\_\_\_\_\_\_\_
	* CBT for PTSD: \_\_\_\_\_\_\_\_
	* EMDR: \_\_\_\_\_\_\_\_
	* BEP: \_\_\_\_\_\_\_\_
	* NET: \_\_\_\_\_\_\_\_
	* WET: \_\_\_\_\_\_\_\_
	* CBT-D: \_\_\_\_\_\_\_\_
	* PST: \_\_\_\_\_\_\_\_
	* IPT: \_\_\_\_\_\_\_\_
	* ACT-D: \_\_\_\_\_\_\_\_
	* BA: \_\_\_\_\_\_\_\_
	* MBCT: \_\_\_\_\_\_\_\_
	* CBT-I: \_\_\_\_\_\_\_\_
	* Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; number of patients: \_\_\_\_\_\_\_\_
2. Do you have experience running EBP groups? If yes, which ones?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Have you provided training/supervision/consultation to others in the use of EBPs? If so, which ones?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_