Increasing Evidence-Based Psychotherapy (EBP) Utilization

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Disclaimer

The views expressed are those of the presenter and do not necessarily reflect the opinions of the Uniformed Services University of the Health Sciences, the Department of Defense, or the U.S. Government.

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Learning Objectives

- Analyze method for examining clinic providers EBP training and utilization

- Distinguish strategies for improving clinic-wide EBP utilization

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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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Benefits of EBPs

- Better Patient Outcomes
- Shorter Wait Times
- Higher Return to Duty Rates
- Less Staff Burnout

U.S. Marine Corps photo by Lance Cpl. Daniel Valle/Released Public Domain

Institute of Medicine, 2014: Finley et al., 2015

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Implementing EBPs

History of Low Utilization

Increase Utilization by Addressing Barriers:

- Provider Barriers
- Patient Barriers
- System Barriers

Finley et al., 2015; Karlin & Cross, 2014; Tanenbaum, 2005

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Increasing EBP Providers

Finley et al., 2015

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How to Increase EBP Utilization

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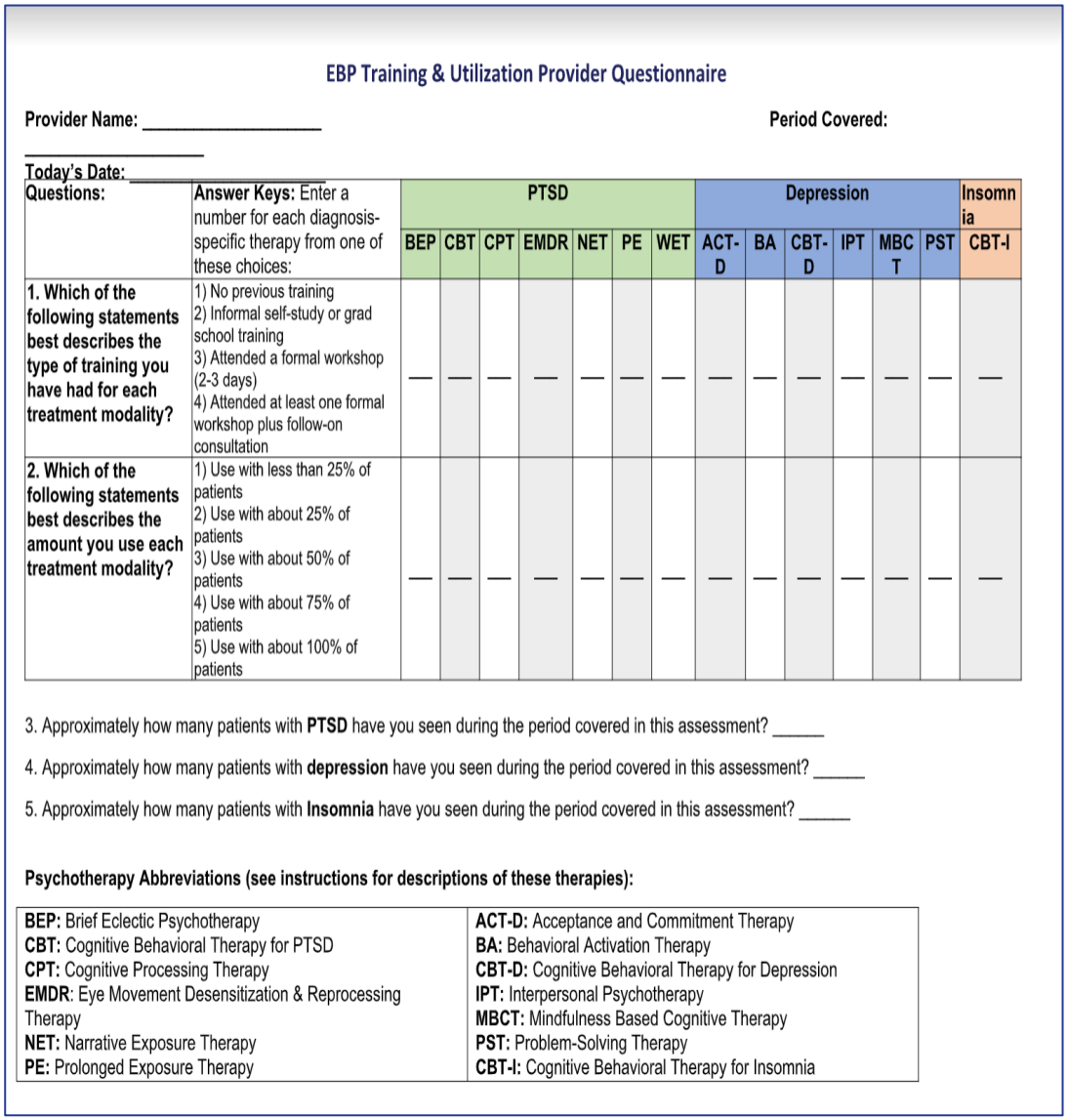
Increasing EBP Training



EBP Training & Utilization Provider Questionnaire

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
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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
	CBT-I: Cognitive Behavioral Therapy for Insomnia

Assess Prior Training & Knowledge

Assess Utilization

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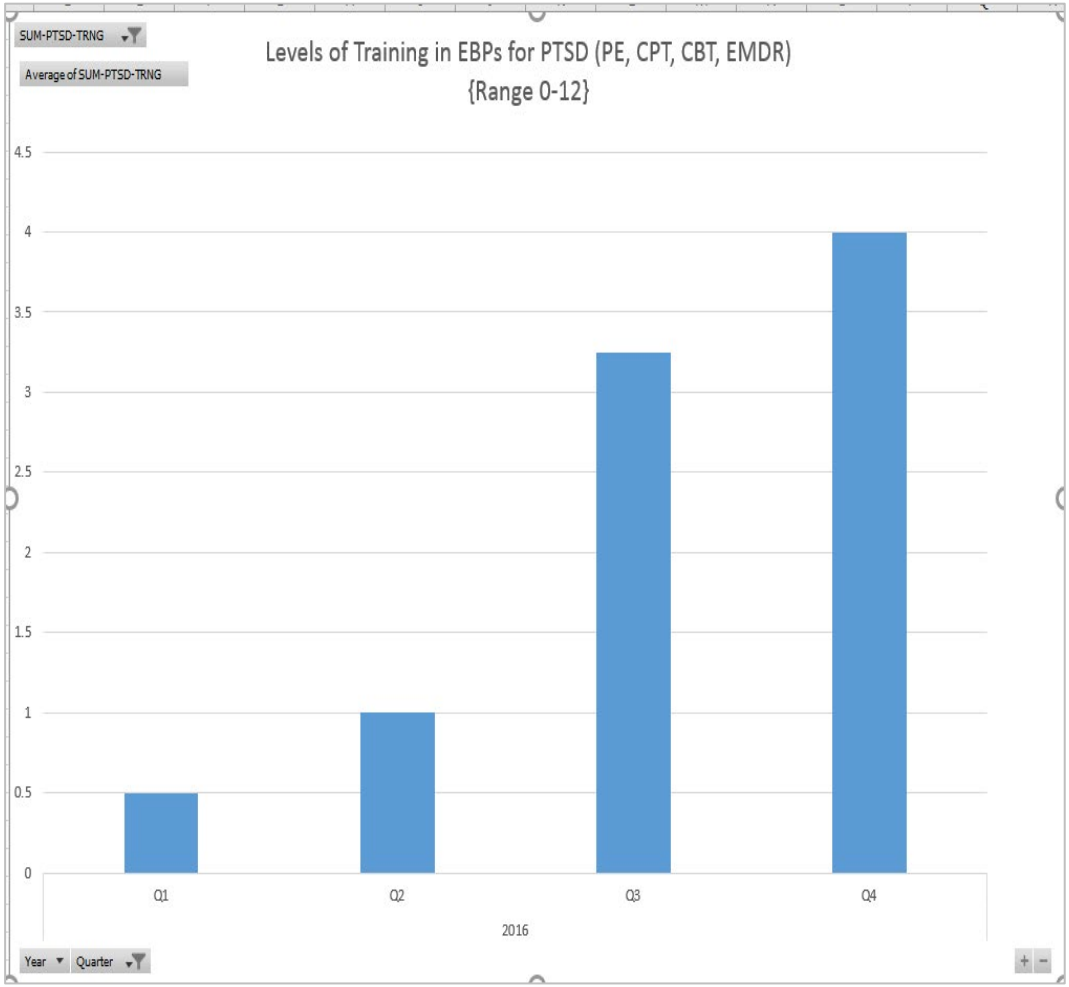
Increasing EBP Training



1. Collect Data

2. Analyze Data

3. Develop Plan

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Ft Somewhere

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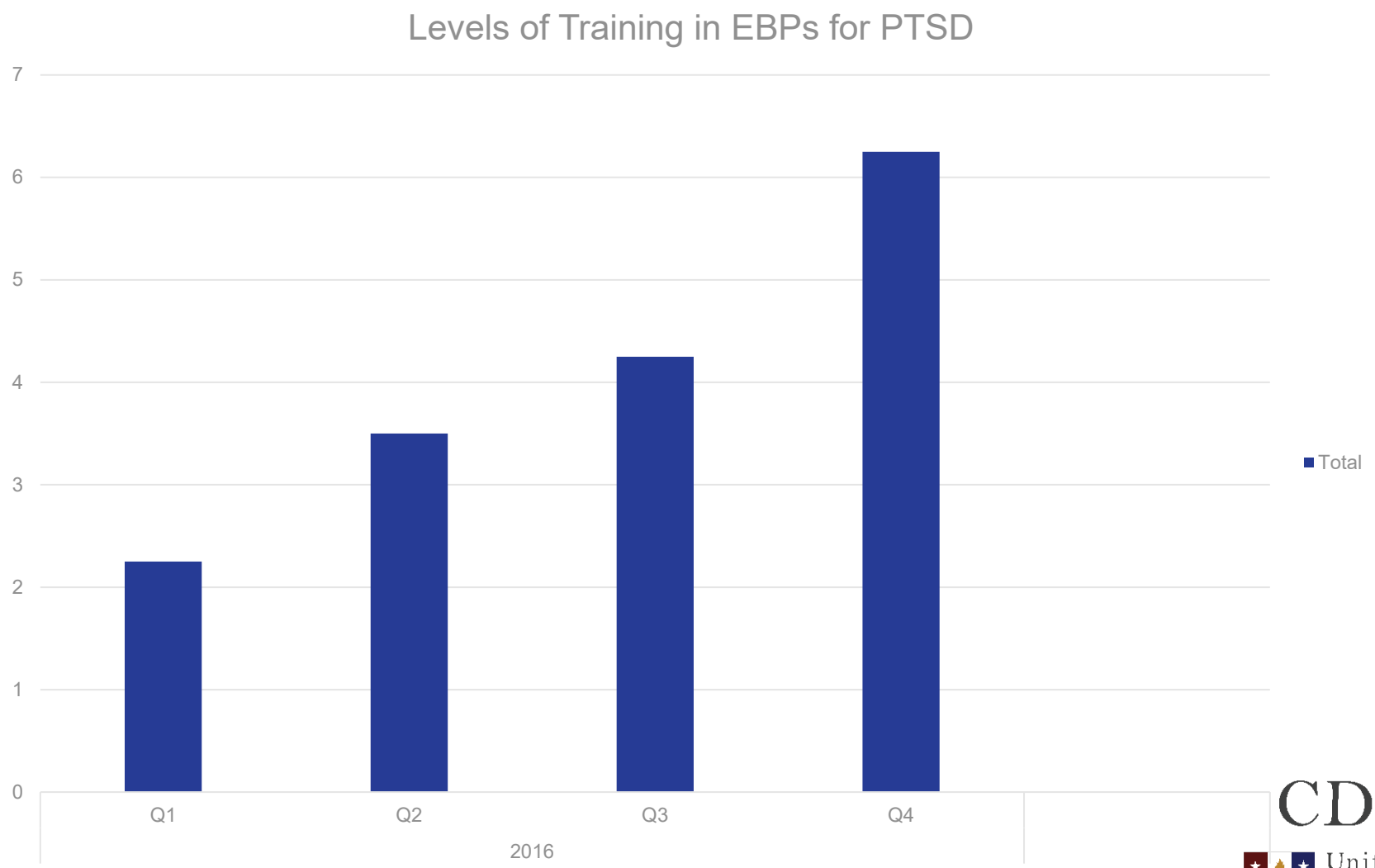
EBP Training: Ft Somewhere



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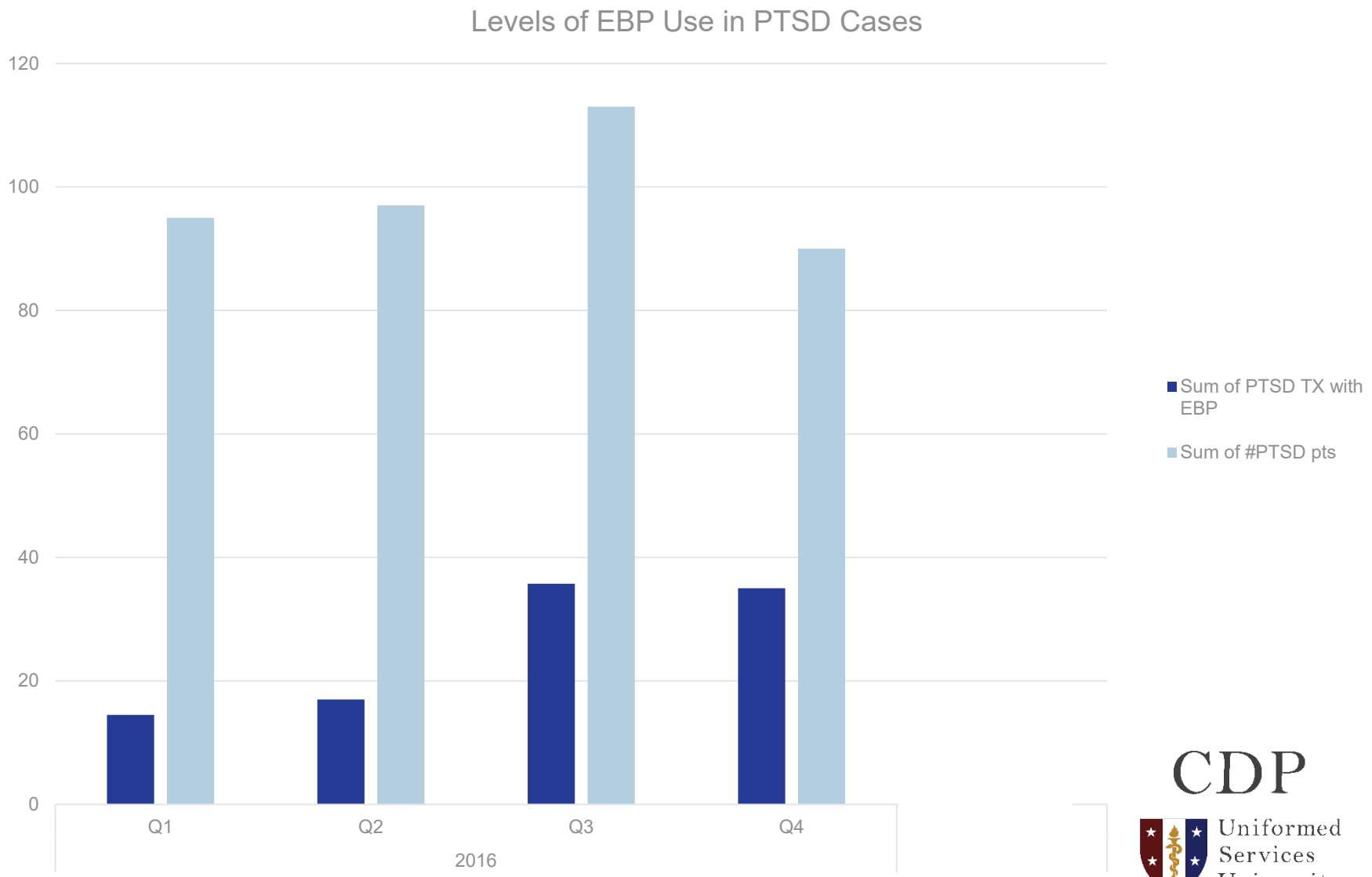
EBP Utilization: Ft Somewhere



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Ft Somewhere Summary

High Amount of PTSD Cases

Low EBP PTSD Utilization

Increased EBP PTSD Training

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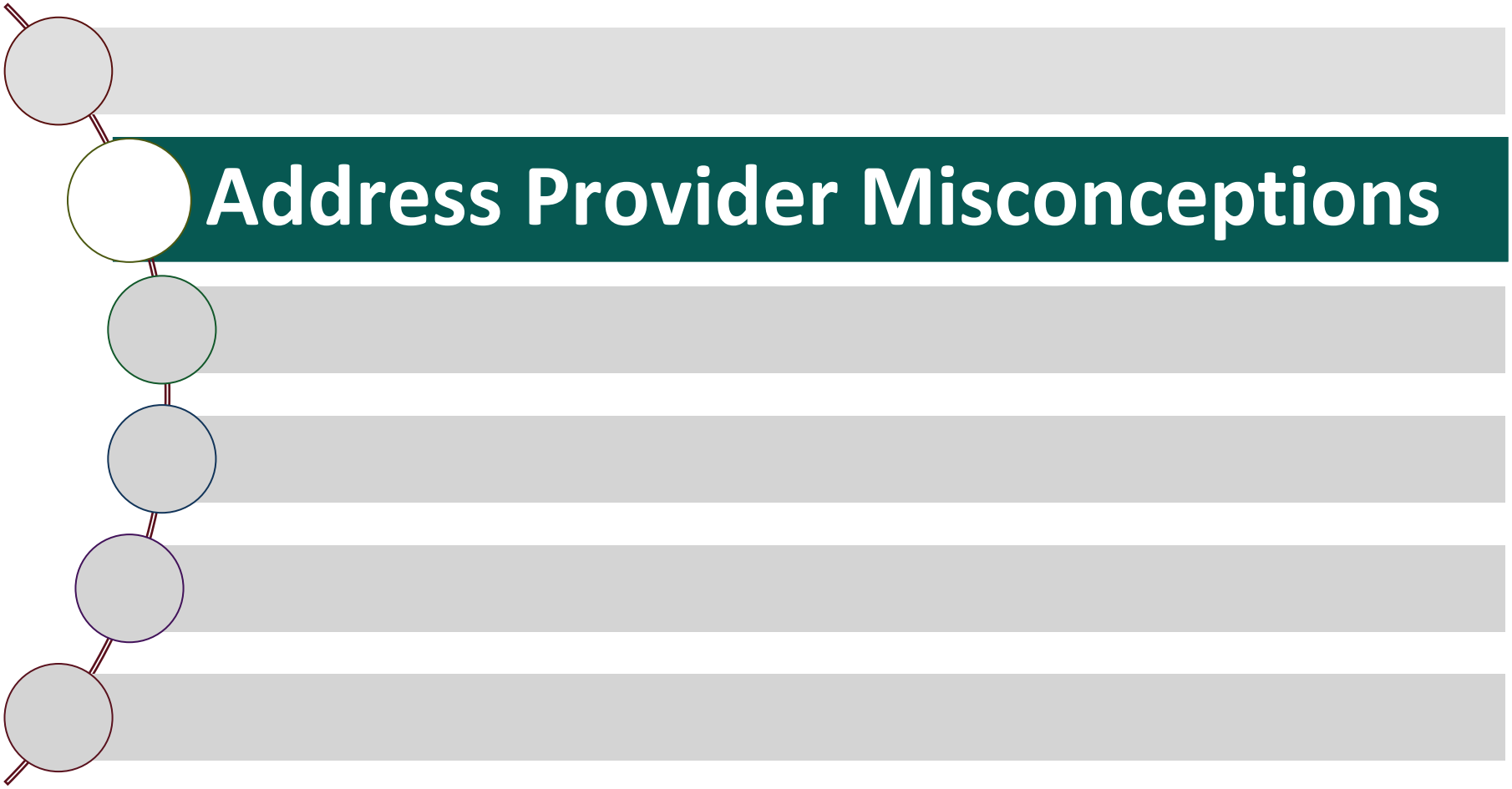
How to Increase EBP Utilization



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Provider Misconceptions

- Treatment Protocols Mechanical
- Not Tolerated by Patients
- “Treatment as Usual” is more Effective
- Can’t use with Co-Morbid Diagnoses
- Higher Attrition Rates for EBPs

Pagato et al., 2007; Bortranger et al., 2009

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Additional Benefits of EBP Use

- More Consistent Patient Follow-Up
- Increased Professional Development
- Improved Workplace Morale

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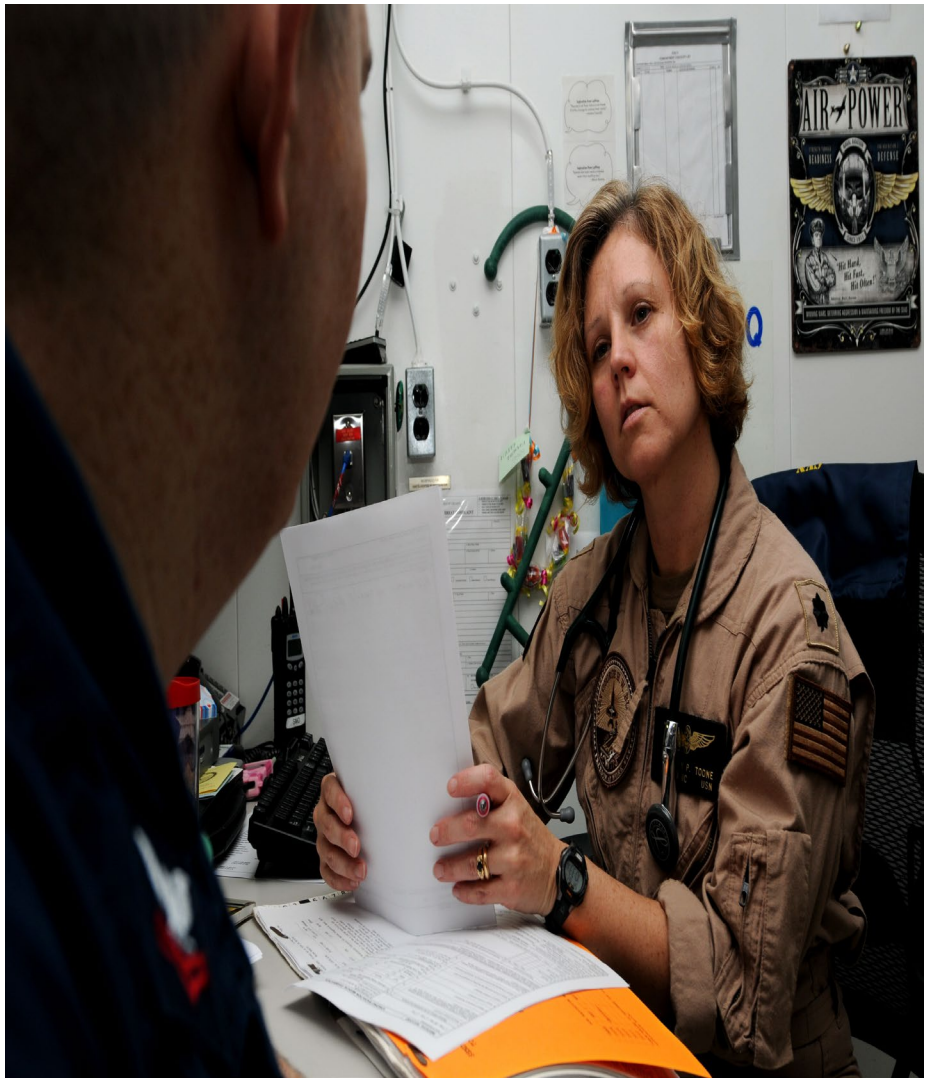
Leadership Buy-In



U.S. Navy photo by Seaman Apprentice Brian Read Castillo August 27. 2011

Better Quality Care for More Cases

Decreases Risk Level for MTF

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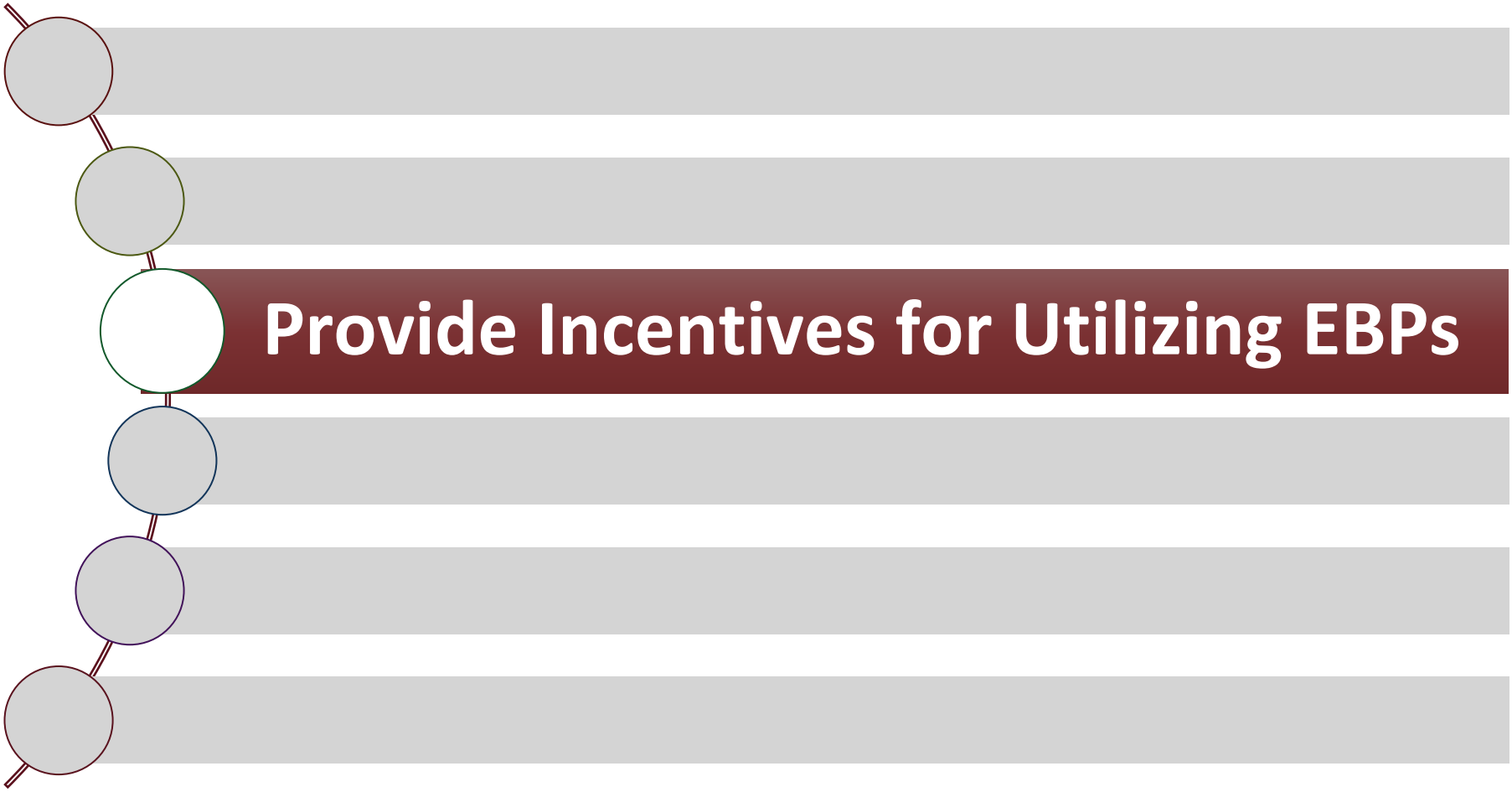
How to Increase EBP Utilization



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Public Recognition

Begin Implementing EBPs

Seeing Most EBP Cases

Set Clinic goals for EBP Targets

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Other Incentives

- Bonuses for GS
- Letters of Appreciation (contractors)
- OER/OPR/Fitrep Bullets (AD)

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Additional Benefits

- **Decrease Workload**
  - Fewer Intakes
  - Fewer Follow-ups
  - Less Additional Duties

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Ft Somewhere: Provider "Chris"

CDP owned photo

- 15 Years as Military Provider
- Booked Out 5 Weeks
- Trained Eclectic
- Trained in 2 EBPs, Not Using
- Requested to Close Intakes
- Signs of Burnout

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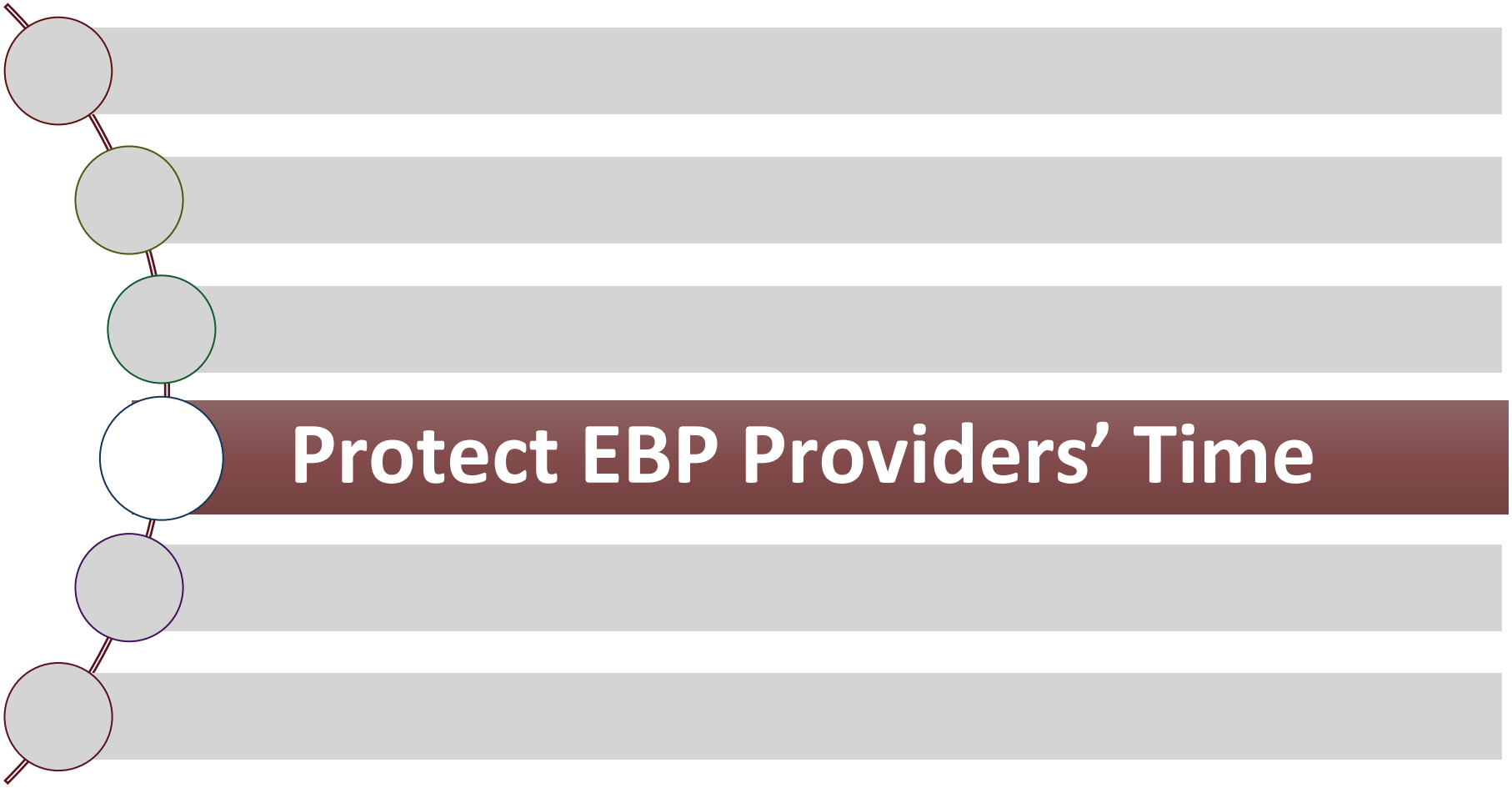
How to Increase EBP Utilization



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Establish a Model to Protect Time

1. Formal Sub-Clinic

2. Informal Sub-Clinic

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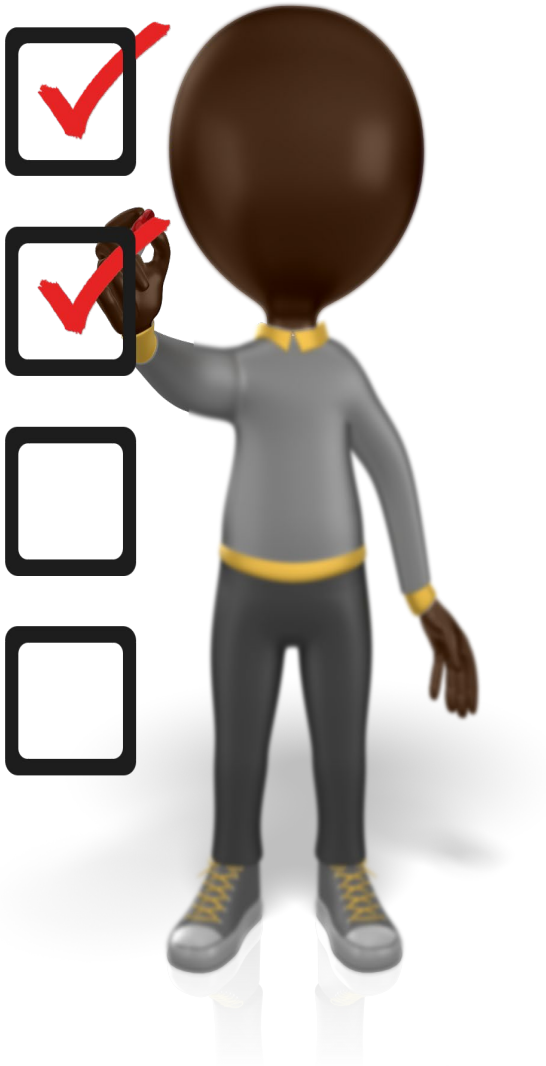
Model 1: Formal Sub-Clinic



- Determine Need
- Select Providers
- Establish Referral Process
- Formalize Into SOP

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Model 2: Informal Sub-Clinic

- Determine Need
- Select Providers
- Establish Referral Process
- Offset Workload
- Formalize Into SOP

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Default Model: "Velcro Rule"

Pros:	Cons:
• Easy • No Formal System Required	• Pts Less Likely to Receive EBP Tx • Providers More Likely to Keep Cases Regardless of Competency

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How to Increase EBP Utilization

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Make Resources Available

- Handouts for Homework
- Patient Workbooks
- Outcome Measures

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Remove Barriers to Using EBPs

Clinical Concerns

Technical Skills

Difficult Cases

Provide or Support Consultation Opportunities

Creed et al.,2021;Frank et al., 2020;Webster-Stratton et al., 2014

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Streamline Process for Referrals

- Simple Process
- Consults, Triages, & Intakes
- Reinforce Pipeline
- Peer Reviews
- Treatment Team or Staff Meetings

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Simplify Documentation

Standardize Templates

Techs Assist with Drafting Group Notes

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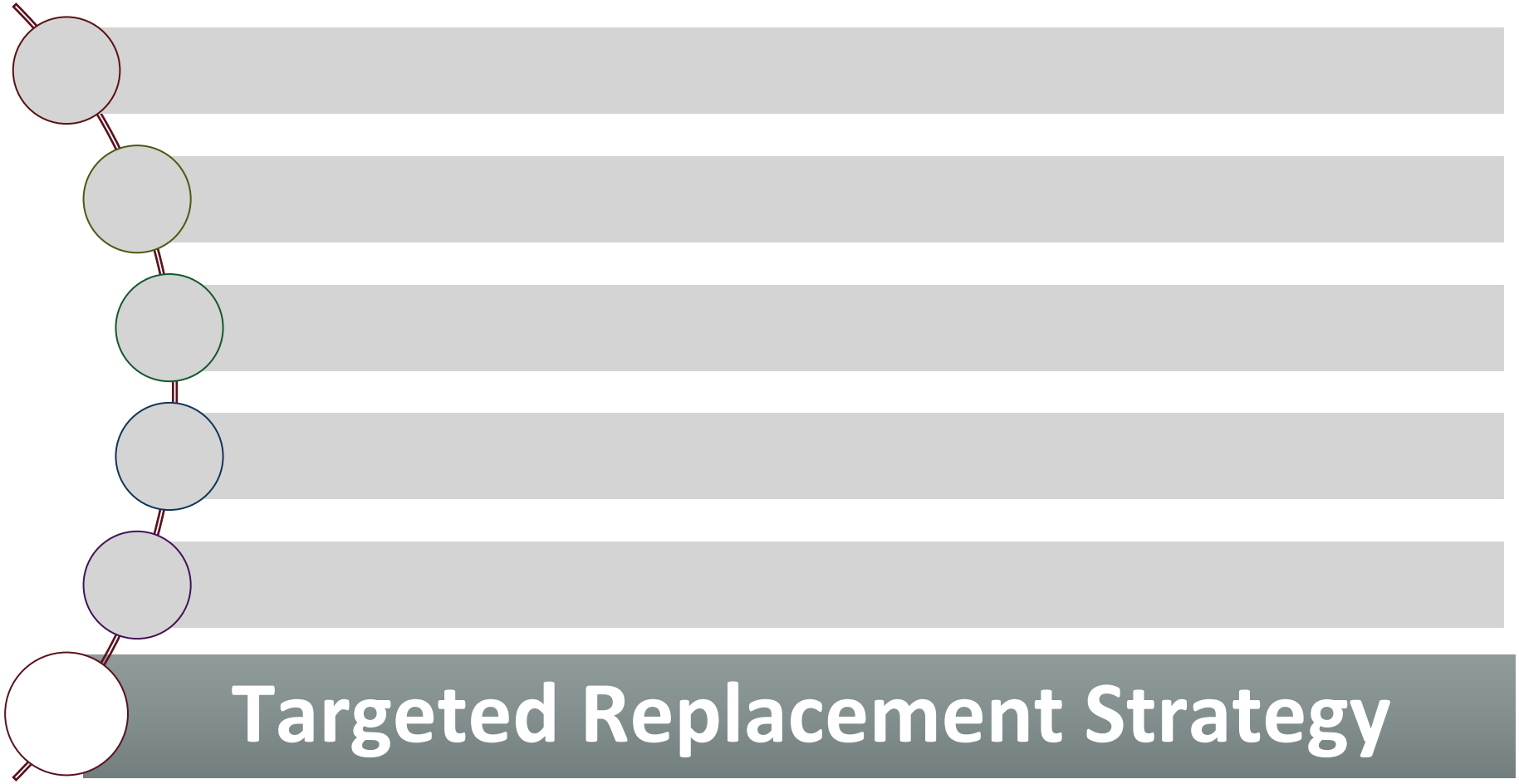
How to Increase EBP Utilization



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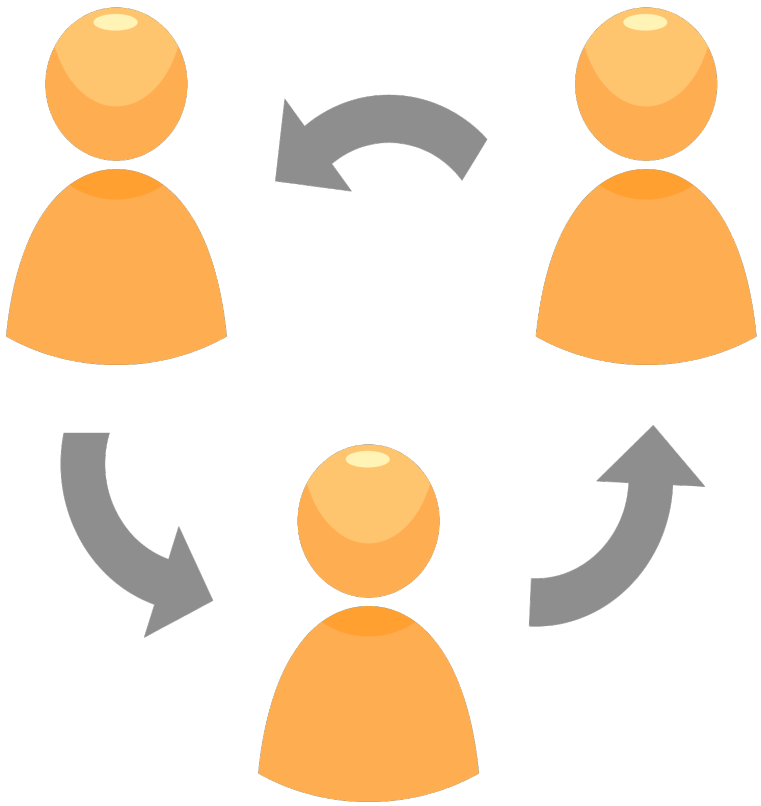
Targeted Replacement Strategy

Redundancy Principle

Hiring Strategy

Work with Assigning Authorities



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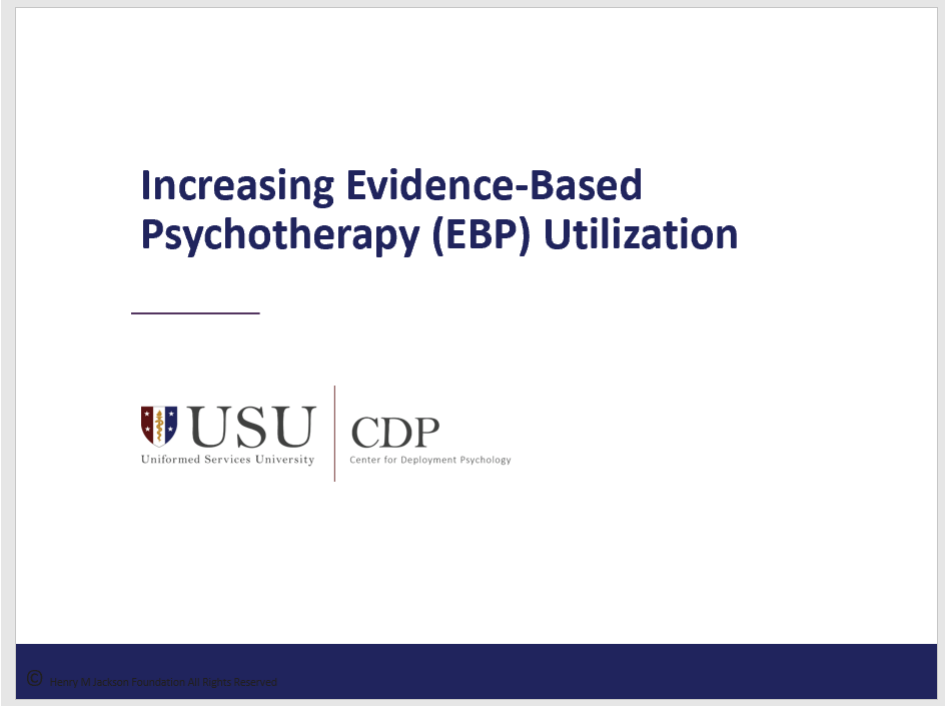
Toolkit Resources: EBP Utilization

- ***Training Decks***
- *Factsheets & Handouts*
- *Forms & Templates*
- *SOP/OI*



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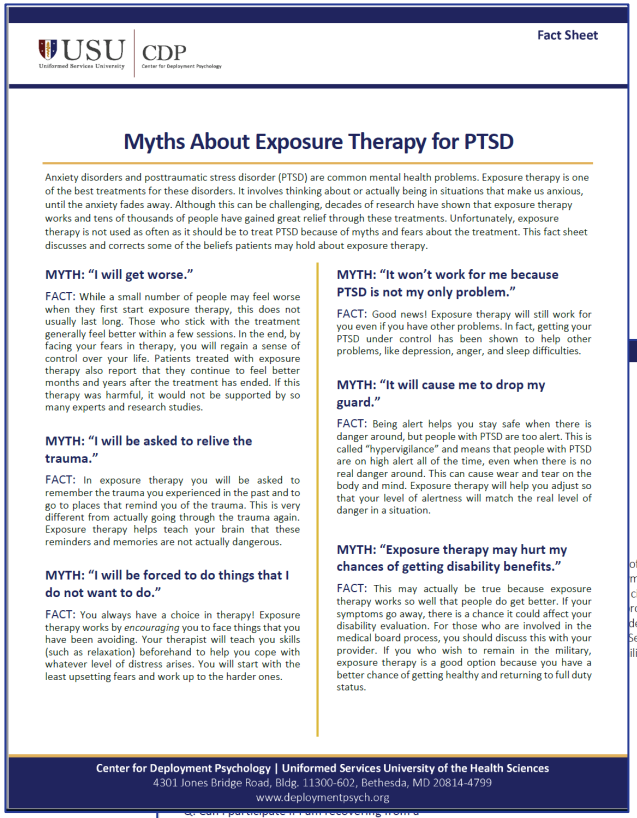

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Fact Sheet

Myths About Exposure Therapy for PTSD

Anxiety disorders and posttraumatic stress disorder (PTSD) are common mental health problems. Exposure therapy is one of the best treatments for these disorders. It involves thinking about or actually being in situations that make us anxious, until the anxiety fades away. Although this can be challenging, decades of research have shown that exposure therapy works and tens of thousands of people have gained great relief through these treatments. Unfortunately, exposure therapy is not used as often as it should be to treat PTSD because of myths and fears about the treatment. This fact sheet discusses and corrects some of the beliefs patients may hold about exposure therapy.

MYTH: "I will get worse."

FACT: While a small number of people may feel worse when they first start exposure therapy, this does not usually last long. Those who stick with the treatment generally feel better within a few sessions. In the end, by facing your fears in therapy, you will regain a sense of control over your life. Patients treated with exposure therapy also report that they continue to feel better months and years after the treatment has ended. If this therapy was harmful, it would not be supported by so many experts and research studies.

MYTH: "I will be asked to relive the trauma."

FACT: In exposure therapy you will be asked to remember the trauma you experienced in the past and to go to places that remind you of the trauma. This is very different from actually going through the trauma again. Exposure therapy helps teach your brain that these reminders and memories are not actually dangerous.

MYTH: "I will be forced to do things that I do not want to do."

FACT: You always have a choice in therapy! Exposure therapy works by *encouraging* you to face things that you have been avoiding. Your therapist will teach you skills (such as relaxation) beforehand to help you cope with whatever level of distress arises. You will start with the least upsetting fears and work up to the harder ones.

MYTH: "It won't work for me because PTSD is not my only problem."

FACT: Good news! Exposure therapy will still work for you even if you have other problems. In fact, getting your PTSD under control has been shown to help other problems, like depression, anger, and sleep difficulties.

MYTH: "It will cause me to drop my guard."

FACT: Being alert helps you stay safe when there is danger around, but people with PTSD are too alert. This is called "hypervigilance" and means that people with PTSD are on high alert all of the time, even when there is no real danger around. This can cause wear and tear on the body and mind. Exposure therapy will help you adjust so that your level of alertness will match the real level of danger in a situation.

MYTH: "Exposure therapy may hurt my chances of getting disability benefits."

FACT: This may actually be true because exposure therapy works so well that people do get better. If your symptoms go away, there is a chance it could affect your disability evaluation. For those who are involved in the medical board process, you should discuss this with your provider. If you who wish to remain in the military, exposure therapy is a good option because you have a better chance of getting healthy and returning to full duty status.

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U.S. Air Force illustration by Senior Airman Nathan Maysonet. Public domain.

Prolonged Exposure Therapy

substance abuse problem?

A: Yes. Many people who have a history of problem drinking or drug use can participate as long as the substance use has been stabilized.

This brochure was adapted (with permission) from a Department of Veterans Affairs brochure on PE.

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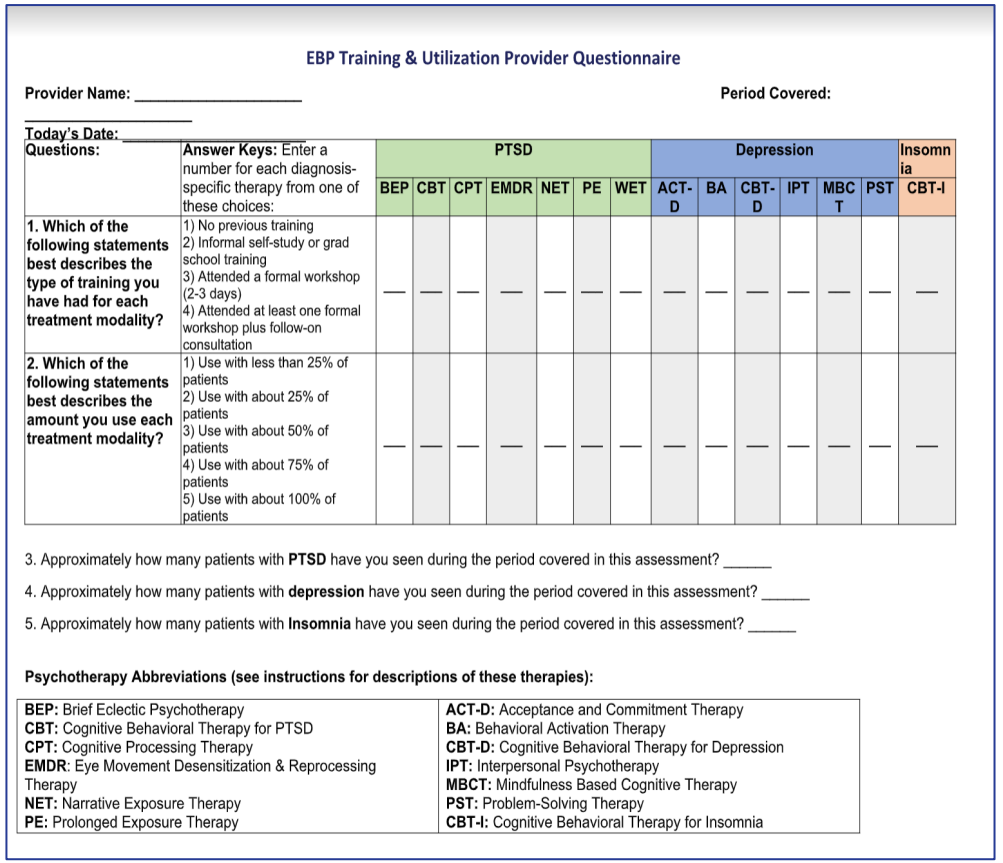

EBP Training & Utilization Provider Questionnaire

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**
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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	—	—	—	—	—	—	—	—	—	—	—	—	—	—
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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? _____

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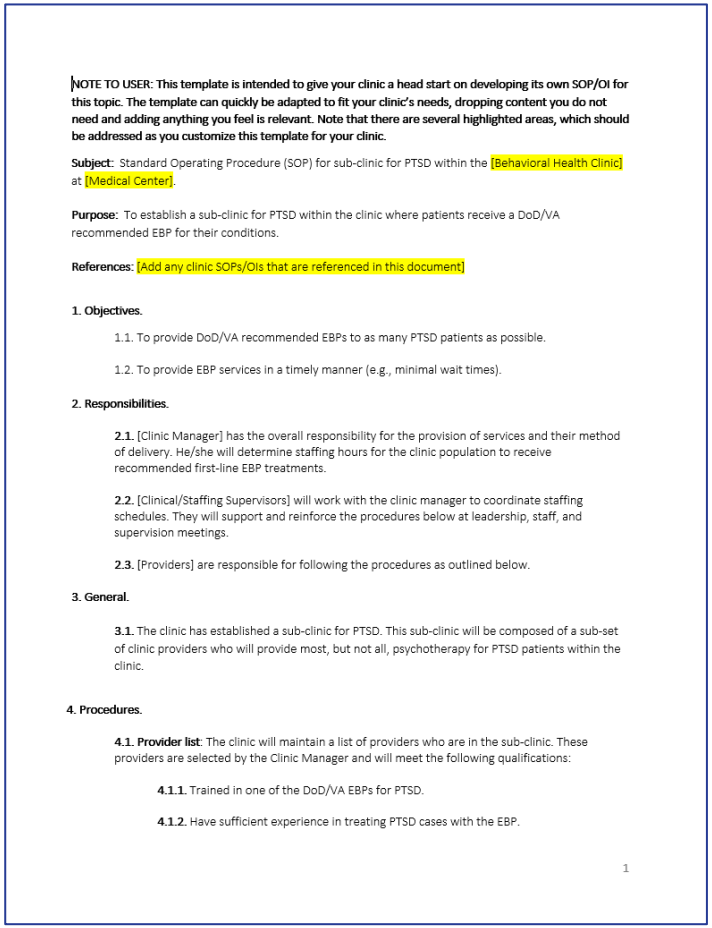

NOTE TO USER: This template is intended to give your clinic a head start on developing its own SOP/OI for this topic. The template can quickly be adapted to fit your clinic's needs, dropping content you do not need and adding anything you feel is relevant. Note that there are several highlighted areas,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

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:

4.1.1. Trained in one of the DoD/VA EBPs for PTSD.

4.1.2. Have sufficient experience in treating PTSD cases with the EBP.

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Summary

- Analyze method for examining clinic providers EBP training and utilization

- Distinguish strategies for improving clinic-wide EBP utilization

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