



Increasing Evidence-Based Psychotherapy (EBP) Utilization





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.



Learning Objectives

- Analyze method for examining clinic providers EBP training and utilization
- Distinguish strategies for improving clinic-wide EBP utilization

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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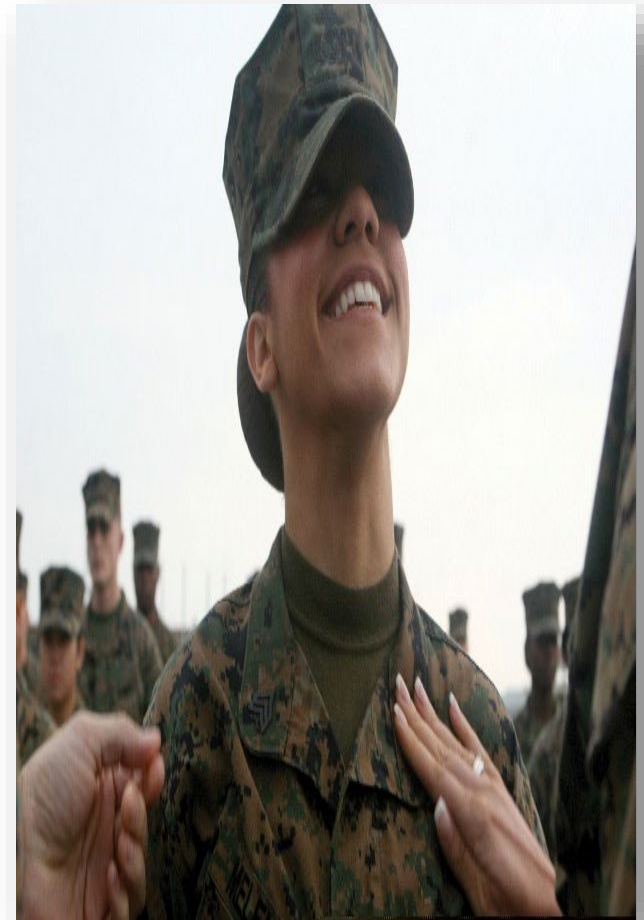
Benefits of EBPs

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

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Implementing EBPs



History of low utilization

Increase utilization by addressing barriers:

Provider barriers

Patient barriers

System barriers

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Increasing EBP Providers



Increase EBP training



Address provider misconceptions



Provide incentives for utilizing EBPs



Protect EBP providers' time



Remove logistical barriers



Targeted replacement strategy

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How to Increase EBP Utilization



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	MBC T	PST
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	---	---	---	---	---	---	---	---	---	---	---	---	---

- Approximately how many patients with **PTSD** have you seen during the period covered in this assessment? _____
- Approximately how many patients with **depression** have you seen during the period covered in this assessment? _____
- Approximately how many patients with **Insomnia** have you seen during the period covered in this assessment? _____

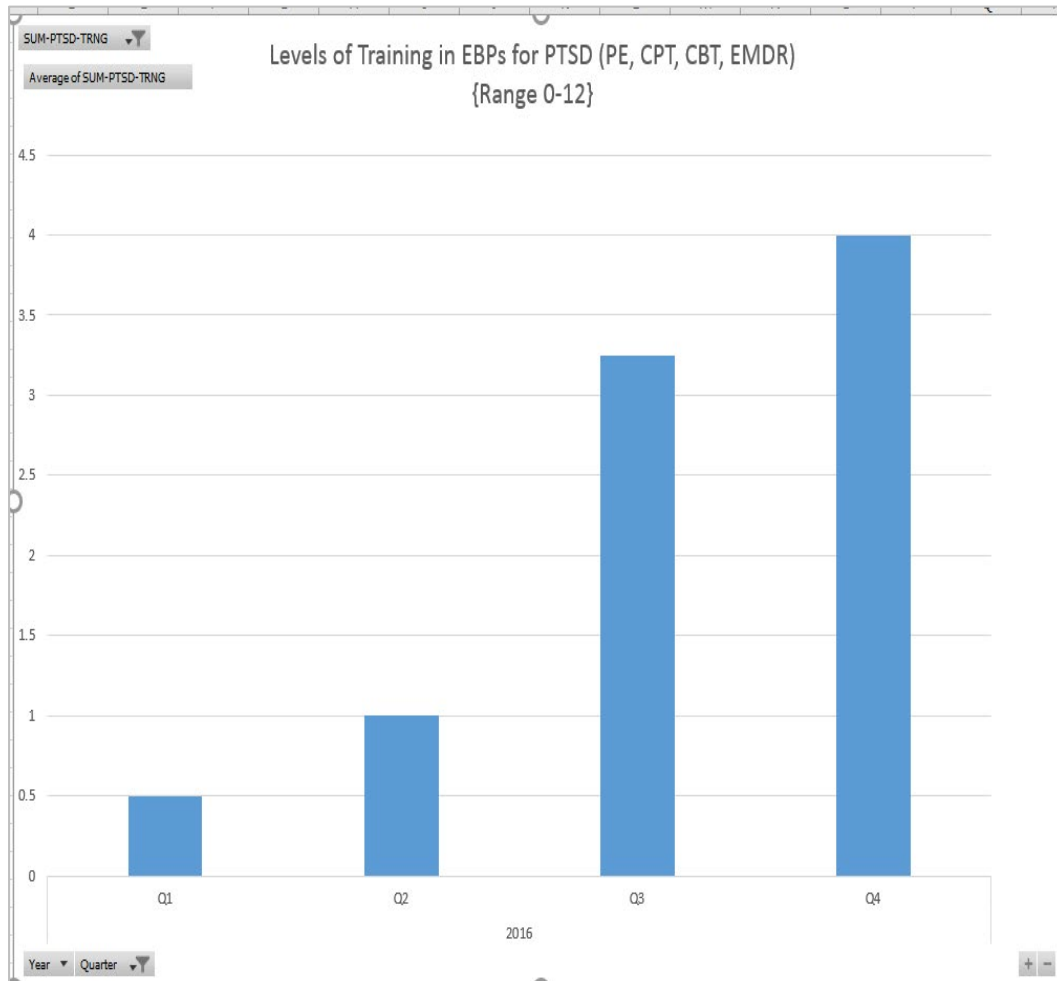
Psychotherapy Abbreviations (see instructions for descriptions of these therapies):

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

Increasing EBP Training



1. Collect data

2. Analyze data

3. Develop plan

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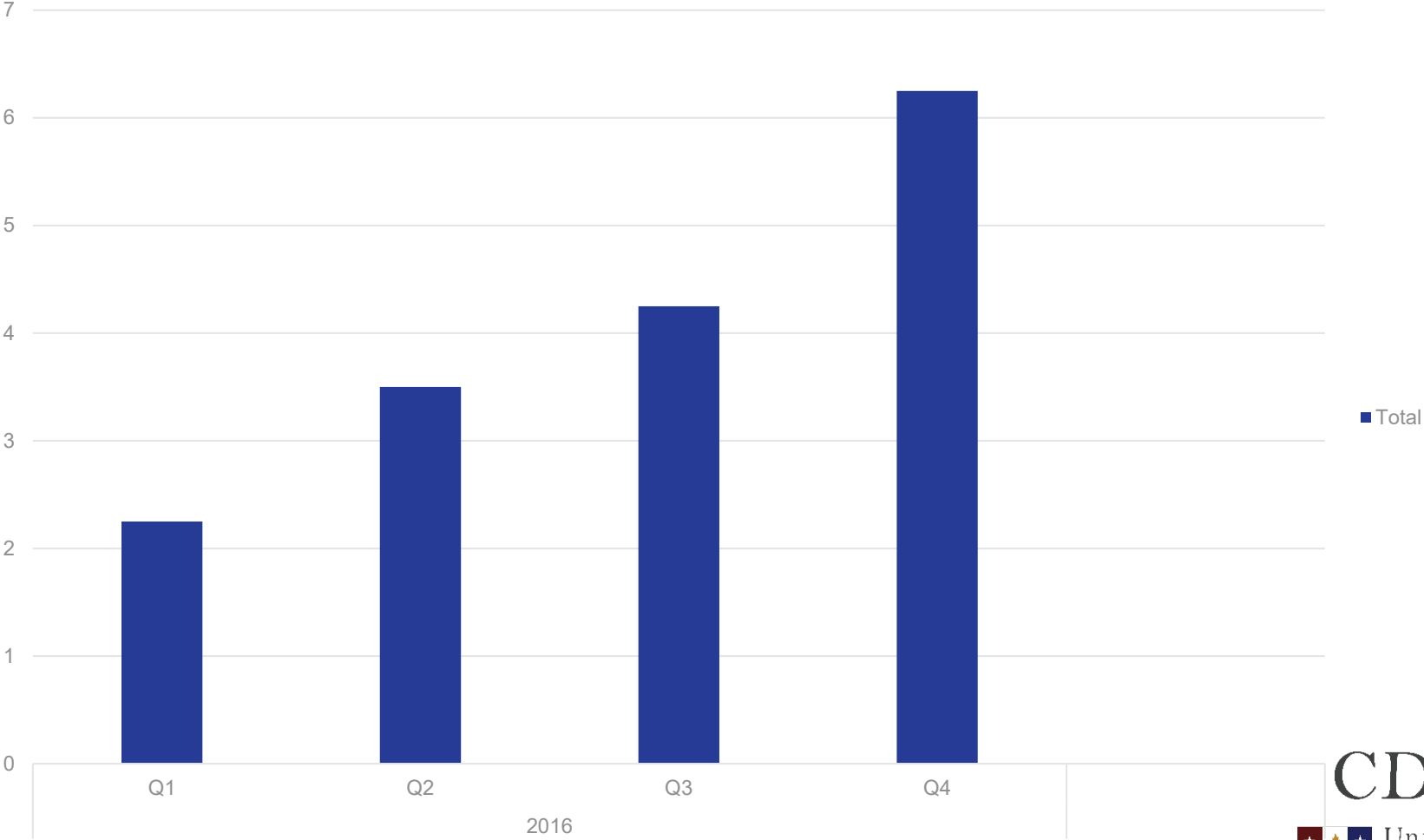


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Ft Somewhere

EBP Training: Ft Somewhere

Levels of Training in EBPs for PTSD

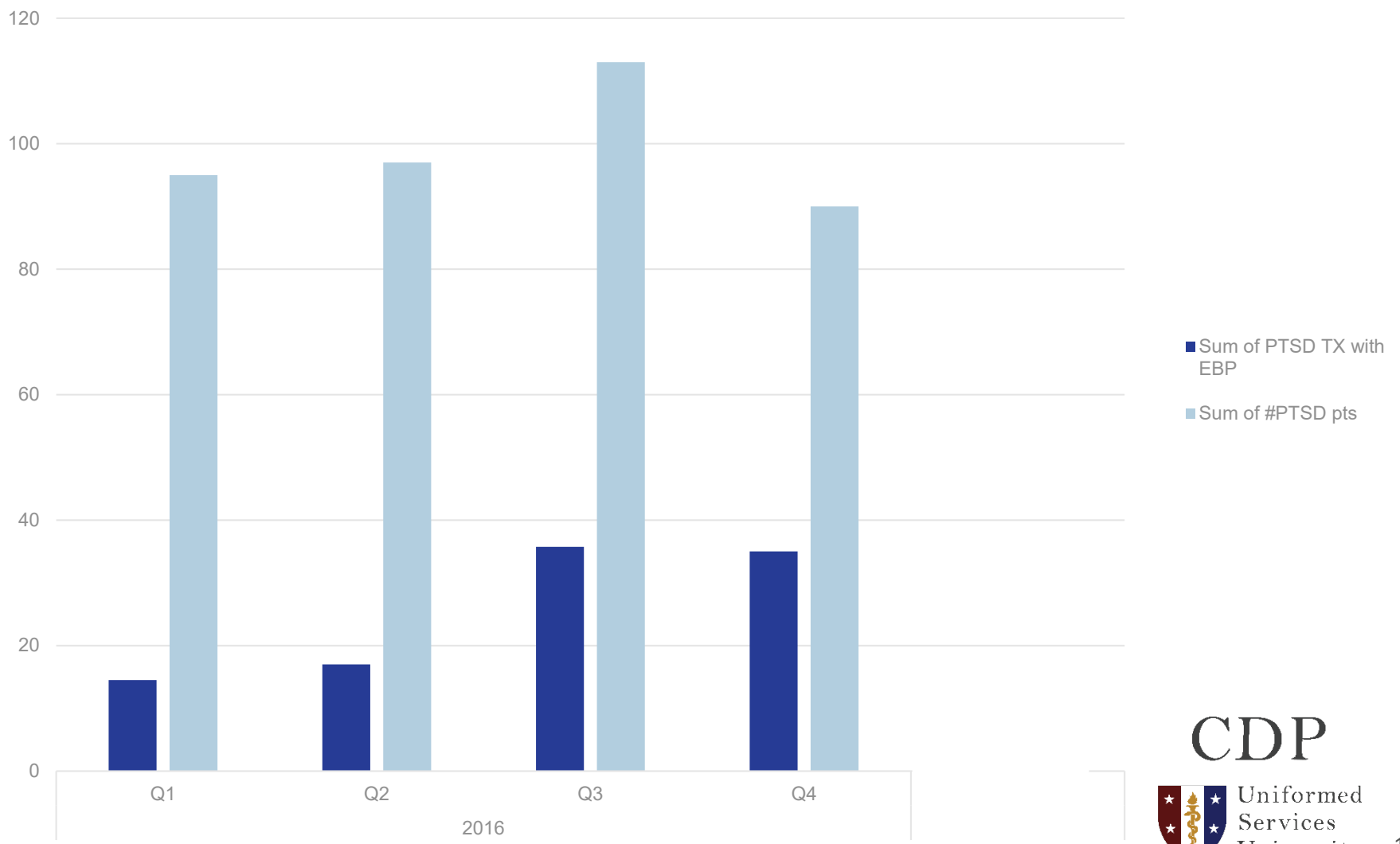


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EBP Utilization: Ft Somewhere

Levels of EBP Use in PTSD Cases



Ft Somewhere Summary



High amount of PTSD cases

Low EBP PTSD utilization

Increased EBP PTSD training

How to Increase EBP Utilization



Address provider misconceptions

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



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Additional Benefits of EBP Use



More consistent patient
follow-up

Increased professional
development

Improved workplace morale

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



How to Increase EBP Utilization



Provide incentives for utilizing EBPs



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)

Additional Benefits

Decrease workload

Fewer intakes

Fewer follow-ups

Less additional duties



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Ft Somewhere: Provider “Chris”



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15 Years as military provider

Booked out 5 weeks

Trained eclectic

Trained in 2 EBPs, not using

Requested to close intakes

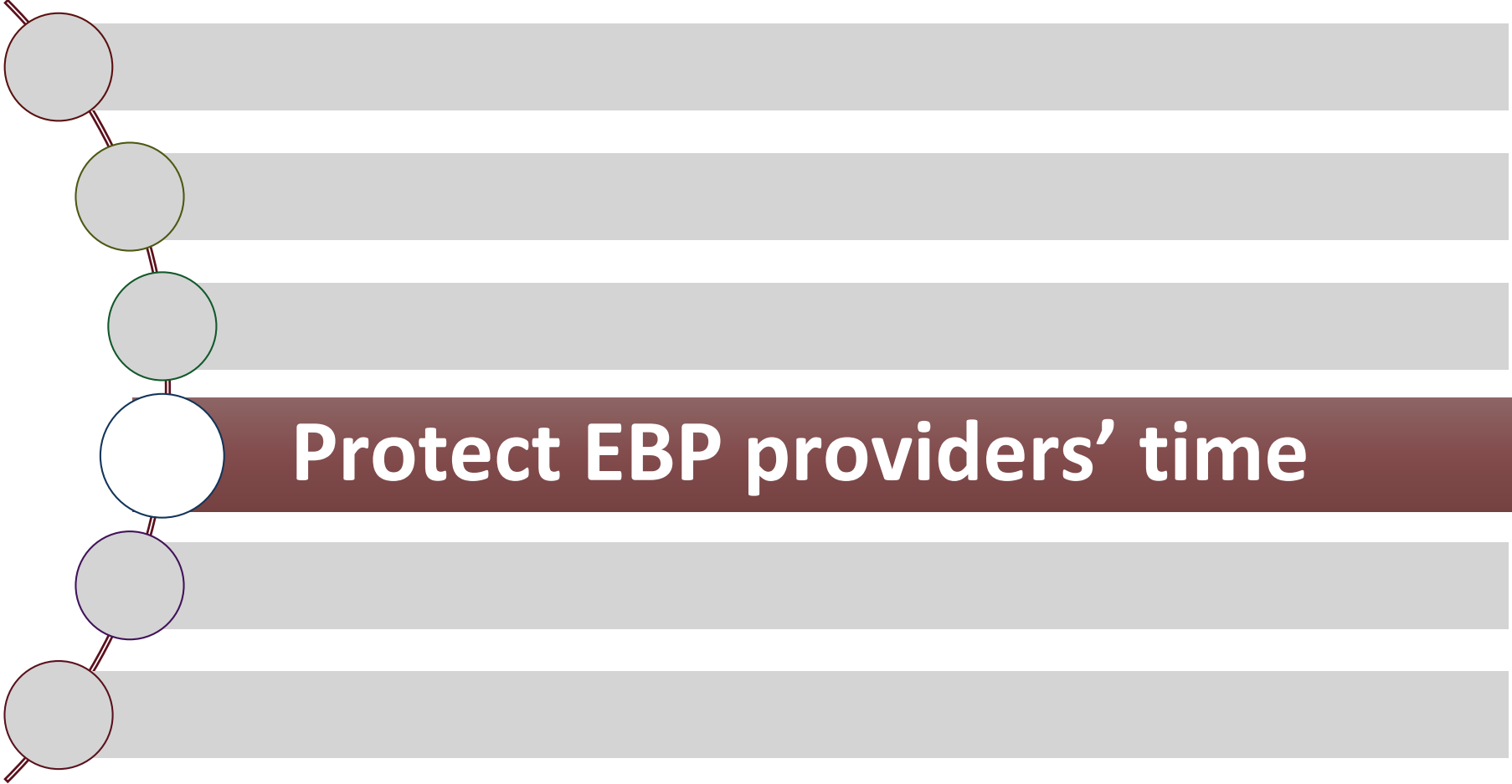
Signs of burnout

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How to Increase EBP Utilization



Protect EBP providers' time

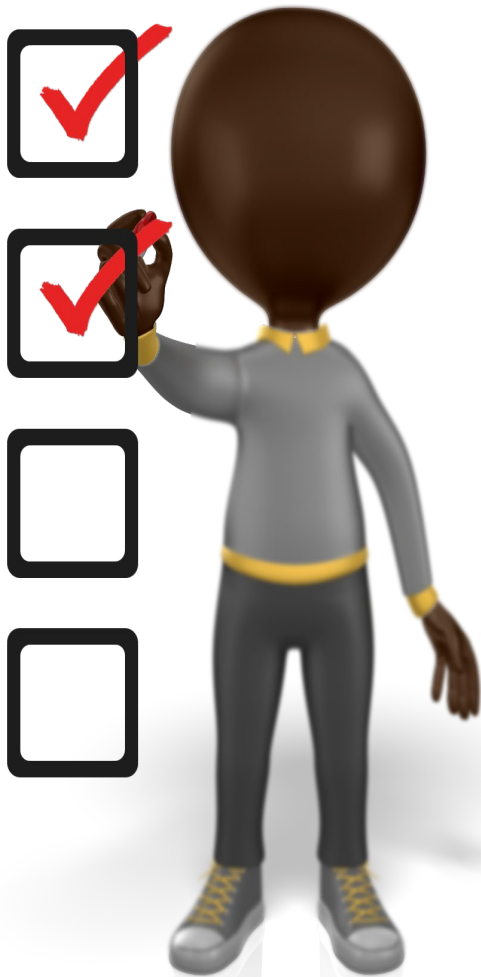
Establish a Model to Protect Time

1. Formal
sub-clinic

2. Informal
sub-clinic



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:

- Easy
- No formal system required

Cons:

- Patients less likely to receive EBP treatment
- 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

Remove Barriers to Using EBPs

Clinical concerns

Technical skills

Difficult cases

Provide or support
consultation opportunities



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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



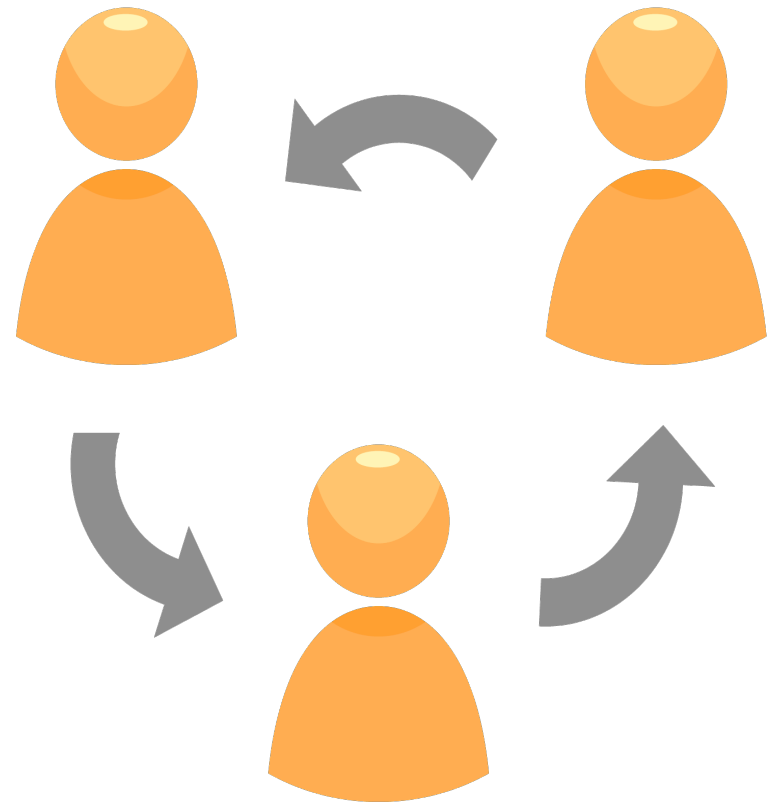
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Targeted Replacement Strategy

Redundancy principle

Hiring strategy

Work with assigning
authorities



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Toolkit Resources

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

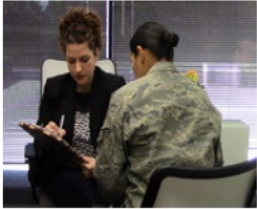
How do I receive an Evidence-Based Psychotherapy?
The Department of Defense is working on improving patient access to EBPs. Ask your provider what EBPs are available at your clinic and whether an EBP would be right for you. If your assigned provider does not practice EBPs, you can ask to get a referral 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!

Center for Deployment Psychology | Uniformed Services University of the Health Sciences
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www.deploymentpsych.org



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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: <ul style="list-style-type: none"> 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: <ol style="list-style-type: none"> 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:

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