Increasing Evidence-Based Psychotherapy (EBP) Utilization

USU — Uniformed Services University | CDP — Center for Deployment Psychology

Disclaimer

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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
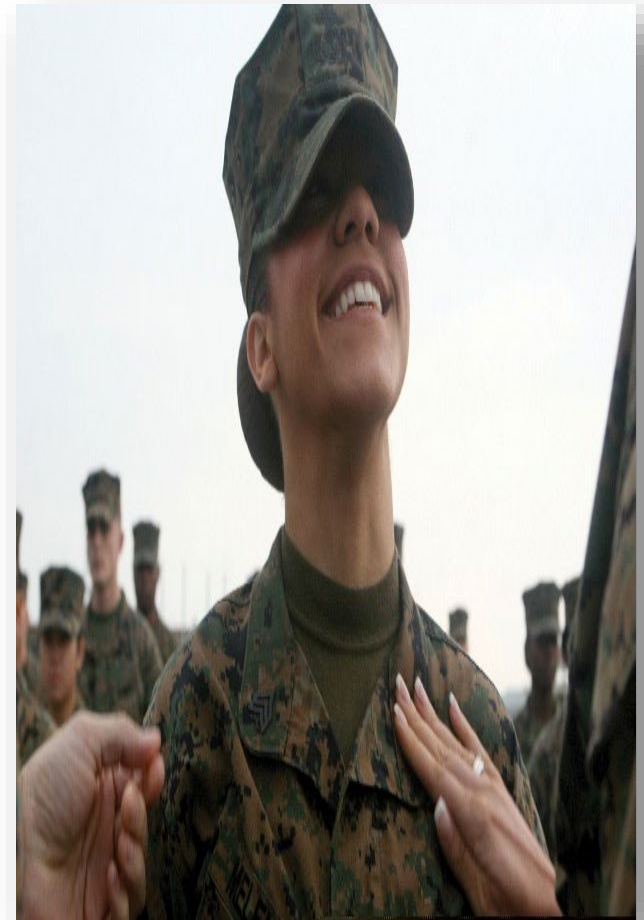- Standard Operating Procedures

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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

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

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

- Increase EBP training
- Address provider misconceptions
- Provide incentives for utilizing EBPs
- Protect EBP providers' time
- Remove logistical barriers
- Targeted replacement strategy

Finley et al., 2015

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How to Increase EBP Utilization

Increase EBP training

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
1. Which of the following statements best describes the type of training you have had for each treatment modality?	1) No previous training 2) Informal self-study or grad school training 3) Attended a formal workshop (2-3 days) 4) Attended at least one formal workshop plus follow-on consultation	—	—	—	—	—	—	—	—	—	—	—	—	—	—
2. Which of the following statements best describes the amount you use each treatment modality?	1) Use with less than 25% of patients 2) Use with about 25% of patients 3) Use with about 50% of patients 4) Use with about 75% of patients 5) Use with about 100% of patients	—	—	—	—	—	—	—	—	—	—	—	—	—	—

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

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

5. Approximately how many patients with **Insomnia** have you seen during the period covered in this assessment? _____
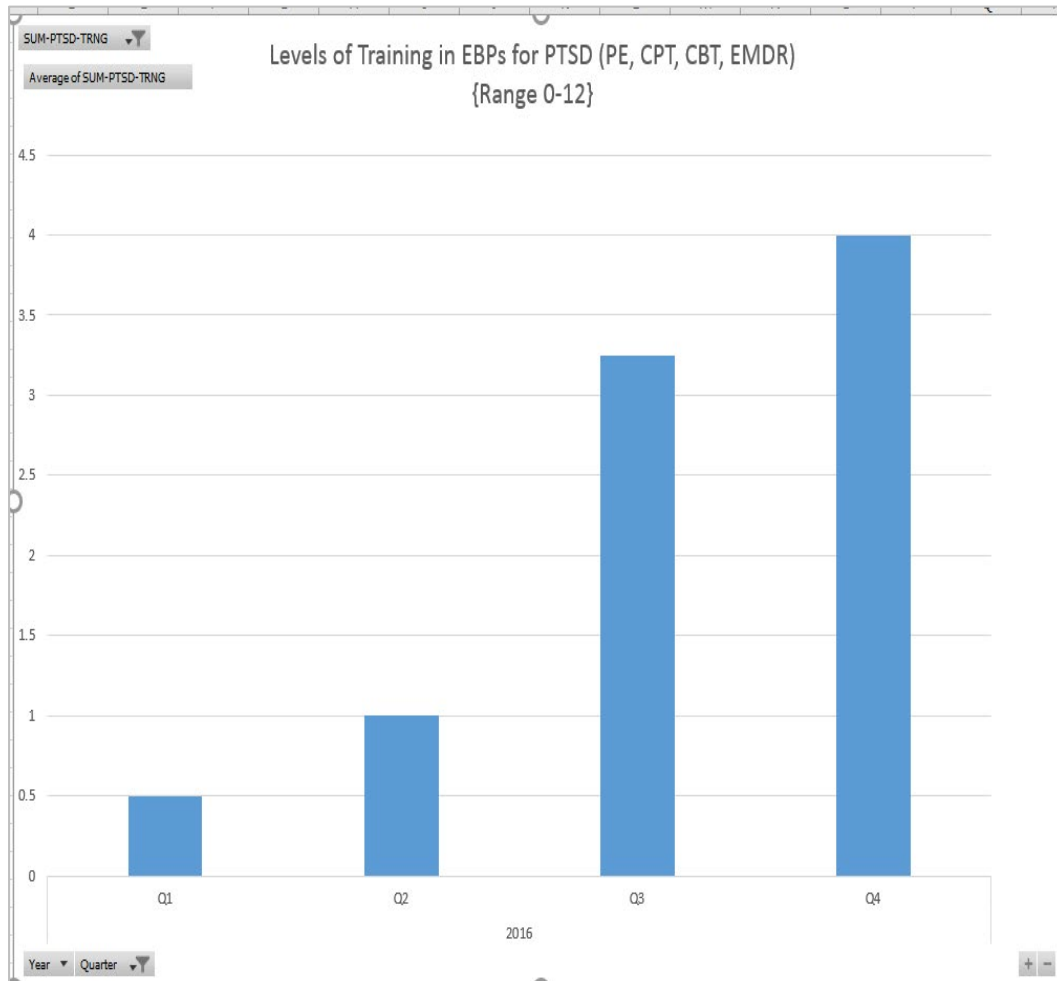
Psychotherapy Abbreviations (see instructions for descriptions of these therapies):

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

Assess prior training & knowledge

Assess utilization

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Increasing EBP Training

Levels of Training in EBPs for PTSD (PE, CPT, CBT, EMDR) {Range 0-12}

1. Collect data

2. Analyze data

3. Develop plan

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Ft Somewhere

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EBP Training: Ft Somewhere

Levels of Training in EBPs for PTSD
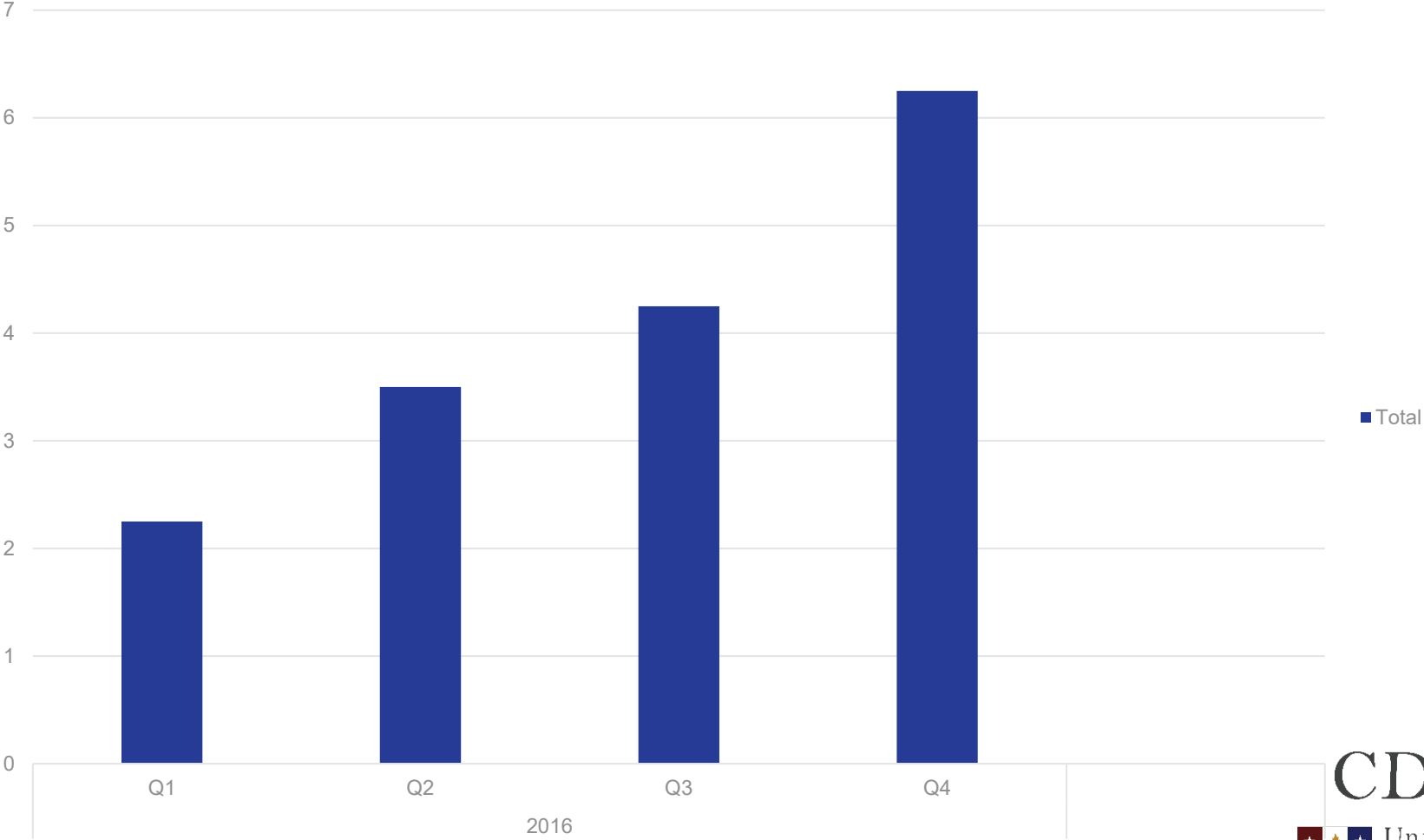
EBP Utilization: Ft Somewhere

Levels of EBP Use in PTSD Cases
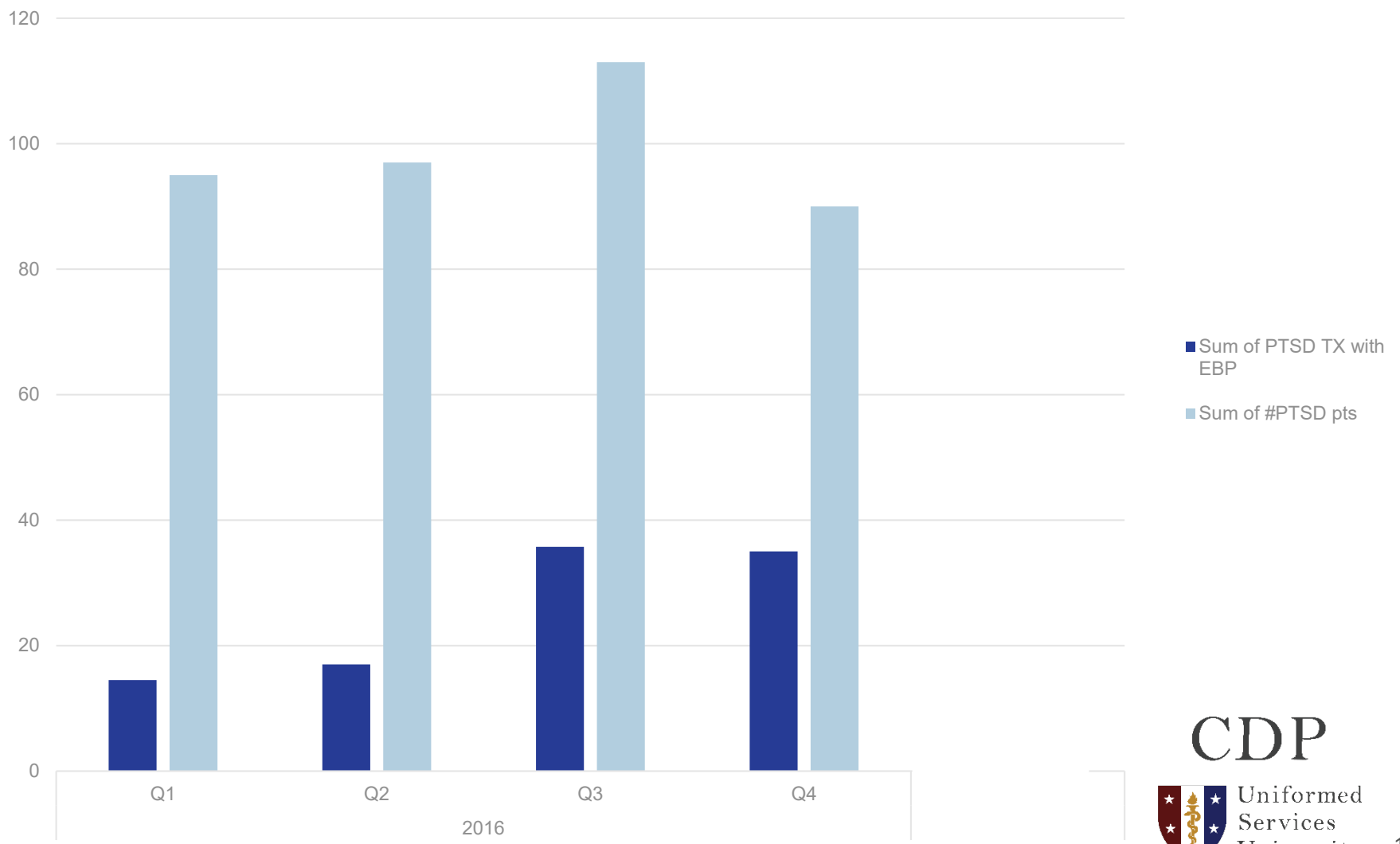
Ft Somewhere Summary

High amount of PTSD cases

Low EBP PTSD utilization

Increased EBP PTSD training

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How to Increase EBP Utilization

Address provider misconceptions

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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

Provide incentives for utilizing EBPs

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Public Recognition

Begin implementing EBPs

Seeing most EBP cases

Set clinic goals for EBP targets

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"

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

How to Increase EBP Utilization
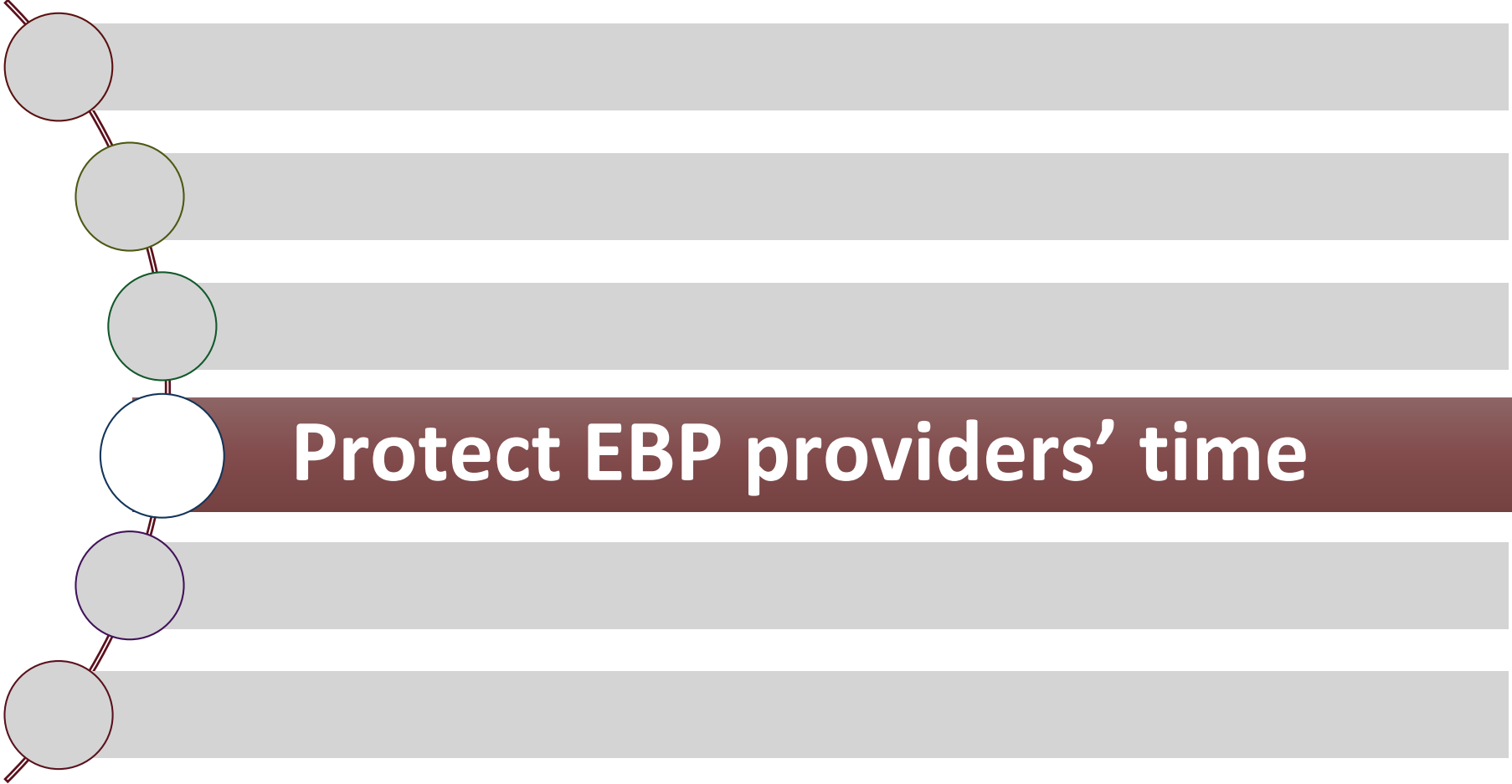
Protect EBP providers' time

Establish a Model to Protect Time

1. Formal sub-clinic

2. Informal sub-clinic

Model 1: Formal Sub-Clinic
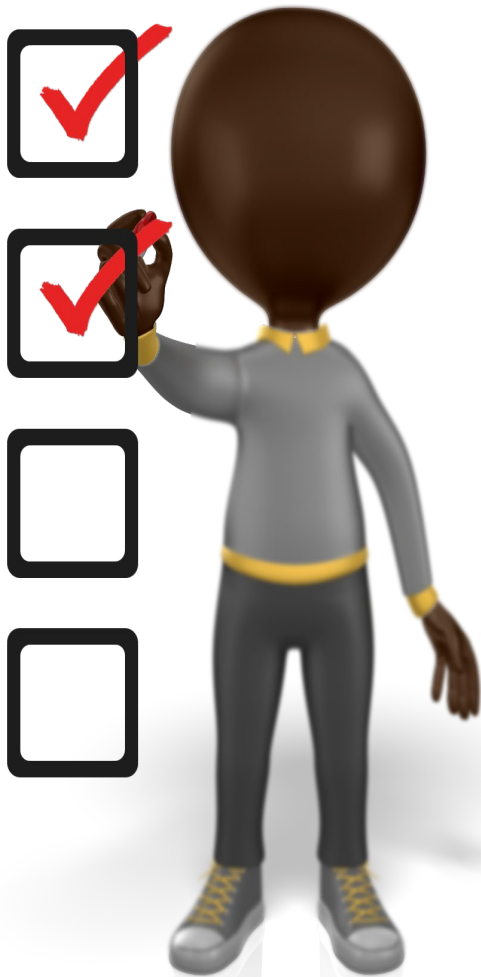
- Determine need
- Select providers
- Establish referral process
- Formalize into SOP

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	• 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

Remove logistical barriers

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

Targeted replacement strategy

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Targeted Replacement Strategy

Redundancy principle

Hiring strategy

Work with assigning authorities
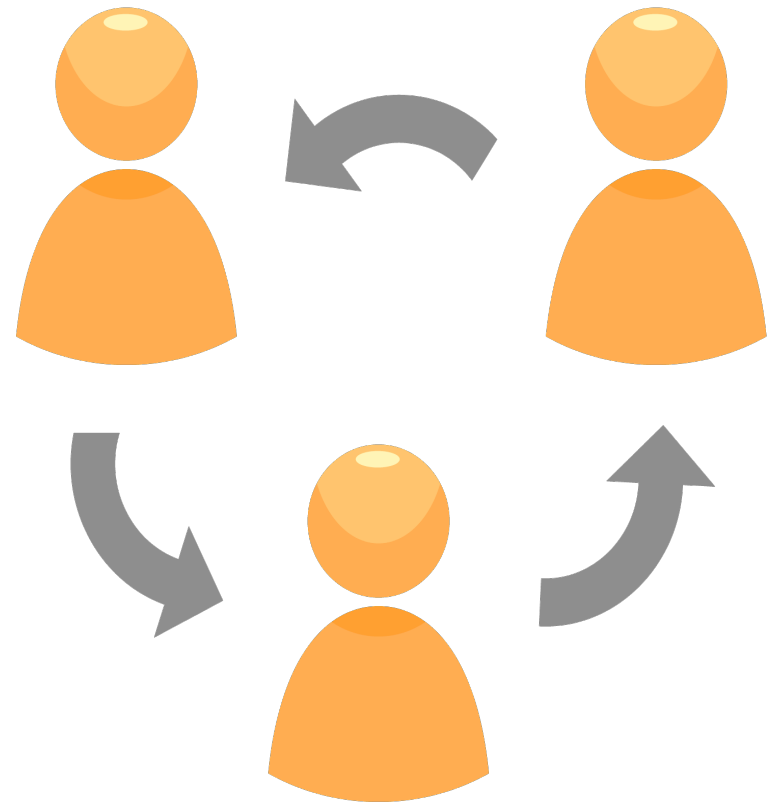
Toolkit Resources

➢ *Training Decks*

➢ *Factsheets & Handouts*

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➢ *Spreadsheets & Supporting Documents*

➢ *Standard Operating Procedures*

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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: • 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: 1) Patient responded positively to the intervention and was able to communicate an understanding of the topics reviewed.

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