

Instructions for Administering the EBP Training & Utilization Provider Questionnaire

The “EBP Training & Utilization Provider Questionnaire” is a tool that can be used by a clinic to determine the EBP training background of providers and the utilization of EBPs within the clinic. Information gathered from providers on this questionnaire can be used by clinic managers to make clinic-level decisions focused on improving patient care and increasing clinic optimization.

Administration:

- Please note that there is a template standard operating procedure (SOP) for clinic guidance on how to distribute and utilize the “EBP Training & Utilization Provider Questionnaire”.
- It is recommended that the “EBP Training & Utilization Provider Questionnaire” be completed on a regular basis to look for changes in EBP utilization across time. Although administering it quarterly is recommended, clinic managers can determine the best frequency to administer the form within their clinic.
- The EBP Behavioral Health Technician (BHT)/designated POC assigned to distribute and collect the form to providers can introduce it at a meeting with the following script:

“Hello. [Name of Clinic Manager/Other] has requested that all providers in the clinic complete the “EBP Training & Utilization Provider Questionnaire” to help determine the training background of the providers, as well as the utilization of certain therapies within the clinic. It is a paper and pencil form that will take approximately 10 minutes to complete. We ask that you complete it now and return it to me at the end of this meeting. Information from the forms will be used by the Clinic Manager to determine appropriate clinic activities such as what EBP groups could be offered or what specific trainings would benefit providers. Please put your first and last name as well as the date at the top of the form. I will be here to collect the completed forms. Please let me know if you have any questions.”
- The goal is to collect the forms at the end of the meeting; however, there will be providers who take the form with them or who are given the form later. The BHT or designated POC assigned to distribute and collect the forms should politely follow-up with providers who have not submitted the form within the timeframe allotted. He/she can remind the provider of the benefits of completing the form and give them a specific date to return it.

Completing the Form:

The form has five questions:

- **Question 1** asks providers about their **level of training** regarding specified psychotherapy/treatment modalities. Providers fill in a number for each of the 14 columns, representing their past training in each modality.
 - Answer options are 1 through 4.
 1. **No training.**
 2. **Informal training.** Provider has read books or viewed videos about the treatment. This includes any non-workshop based training that occurred in graduate school classes. One-day workshops should also be counted here.
 3. **Formal workshops.** This includes intensive 2-3 day workshops delivered in-person or online.
 4. **Formal workshop plus consultation.** This includes intensive 2-3 day workshops delivered in-person or online with formal consultation. Formal consultation involves ongoing discussions post-workshop with an expert trainer/consultant in the EBP who provides advice about how you have applied the therapy with one or more cases. Formal consultation does not include consultation with a peer.

- **Question 2** asks providers about their **level of use** of the specified psychotherapy/treatment modalities. Providers fill in a number for each of the 14 columns, representing their approximate level of use of each modality.
 - Answer options are 1 through 5.
 1. **Use with less than 25%.** (Includes 0%)
 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**
- **Question 3** asks providers to fill in the blank with the approximate number of **PTSD** patients seen during this past quarter (last 3 months).
- **Question 4** asks providers to fill in the blank with the approximate number of **depressed** patients seen during this past quarter (last 3 months). This would include all types of MDD, dysthymia and other forms of unipolar depression.
- **Question 5** asks providers to fill in the blank with the approximate number of **Insomnia** patients seen during the past quarter (last 3 months). This number should include only patients who have a diagnosis of Insomnia; they should not include all patients who have sleep problems as a symptom of another disorder.

Note that Question 1 is **NOT** limited to a specific time frame; it is asking about any training received during one's professional career. Questions 2-5 **ARE** limited to a specific period. We want to know the levels of use and approximate numbers of patients seen during the last 3 months.

Sample completed EBP Training & Utilization Provider Questionnaire

EBP Training & Utilization Provider Questionnaire

Provider Name: John Smith Period Covered: Apr-Jun 2017
 Today's Date: 6 July 2017

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	<u>1</u>	<u>2</u>	<u>3</u>	<u>1</u>	<u>1</u>	<u>3</u>	<u>1</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>1</u>	<u>3</u>	<u>3</u>
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	<u>1</u>	<u>2</u>	<u>2</u>	<u>1</u>	<u>1</u>	<u>3</u>	<u>1</u>	<u>1</u>	<u>2</u>	<u>4</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>5</u>
3. Approximately how many patients with PTSD have you seen during the period covered in this assessment?		<u>26</u>													
4. Approximately how many patients with depression have you seen during the period covered in this assessment?		<u>36</u>													
5. Approximately how many patients with Insomnia have you seen during the period covered in this assessment?		<u>15</u>													

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

BEP: Brief Eclectic Psychotherapy CBT: Cognitive Behavioral Therapy for PTSD CPT: Cognitive Processing Therapy EMDR: Eye Movement Desensitization & Reprocessing Therapy NET: Narrative Exposure Therapy PE: Prolonged Exposure Therapy WET: Written Exposure Therapy	ACT-D: Acceptance and Commitment Therapy BA: Behavioral Activation Therapy CBT-D: Cognitive Behavioral Therapy for Depression IPT: Interpersonal Psychotherapy MBCT: Mindfulness Based Cognitive Therapy PST: Problem-Solving Therapy CBT-I: Cognitive Behavioral Therapy for Insomnia
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An example of a completed “EBP Training & Utilization Provider Questionnaire” is located on the previous page. You will see that Dr. Smith answered the two questions regarding each treatment protocol. First, he indicated if he had ever received any training in the treatment modality and if so, what level of training. Second, he indicated how much he has used the treatment modality with his patients during this quarter. He also indicated the approximate number of patients he treated with diagnoses of PTSD, depression, and Insomnia during this quarter.

Answers to common provider questions:

Q: What if a provider does a non-EBP type of therapy for individual therapy, but refers patients into a group that does one of these EBPs?

A: Question 2 is specific to the therapy the provider delivers himself or herself.

- For example, if a provider refers all of his/her PTSD patients to a CPT group run by another provider, but the provider does not use one of the EBPs himself/herself with PTSD patients, then the provider would **NOT** mark that he/she uses CPT with their patients.

Q: What if a provider uses elements of more than one protocol with a patient?

A: Providers should make ratings based off of using the whole EBP protocol with fidelity. In cases where they use elements of more than one, count the EBP that is primary. Here are some examples to clarify:

- If you use the entire CPT protocol with a patient but supplement it with elements of an additional EBP, count it as CPT.
- If you are using a mix of two or more protocols and not following any protocol entirely, do not count it as an EBP.

Q: For the questions about number of patients seen, how should patients with more than one diagnosis be counted?

A:

- If providers are providing treatment for both conditions, they should count them under both. For example, if a PTSD patient also has dysthymia, and the provider is doing CPT for PTSD but also inserts sessions for supportive counseling for the dysthymia, then they are counted under both categories.
- If the patient has insomnia as a symptom of PTSD or depression, and does not have a separate Insomnia diagnosis, please do not count them under Insomnia patients.

Please note that there are psychotherapy/treatment modality abbreviations spelled out at the bottom of the questionnaire. In addition, descriptions of all the modalities are provided at the end of the instructions for providers' reference.

Scoring and Data Entry:

- The easiest way to examine the data collected is to use the EBP Training & Utilization Tracking spreadsheet. This spreadsheet makes data entry easy and provides graphs over time to track the clinic's results.
- If possible, print the “EBP Training & Utilization Provider Questionnaire” in color. Since the form and spreadsheet are color-coded according to diagnoses, it will make data entry much easier for BHTs or designated POC.
- To enter the data:
 - Enter each provider's responses into the tracking spreadsheet following these guidelines:
 - Enter the provider's name as: last name, first name (e.g., Smith, Dave).
 - Enter the year and quarter (e.g., 2016, Q4).

- Enter each data point that the provider endorsed on the form.
 - For questions 1 and 2, do not enter "0"s or leave values blank.
 - If a provider did not fill in a field, then ask them to complete it.
 - When a provider is unavailable, the default value should be a "1".
 - For questions 3-5, ask the provider to complete any unfilled blanks. If the provider is unavailable, the default value should be "0".
- Each provider sheet will form one row of data in the spreadsheet. The columns are color-coded to make data entry easier. Note that each column is labeled to correspond with a question. For example, there are seven green columns that focus on PTSD. BEP-Q1 (BEP- Question 1) is the provider's answer to the question about level of training in BEP and BEP-Q2 (BEP- Question 2) corresponds to the level of utilization for BEP.

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- Once the data are entered, the tracking spreadsheet will calculate graphs in the corresponding spreadsheet tabs.
- Note that once you update data in the "Data Entry" tab spreadsheet, the graphs may need to be refreshed to show the newly added data. Simply right click on the graph in the tab. Select "Refresh Data" and the graph will update immediately.
- On the next page are some example graphs the spreadsheet can produce.

