



Introduction to Evidence-Based Psychotherapies





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.

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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Learning Objectives

- Evaluate misconceptions about utilizing EBPs
- Distinguish recommended EBPs for PTSD and MDD

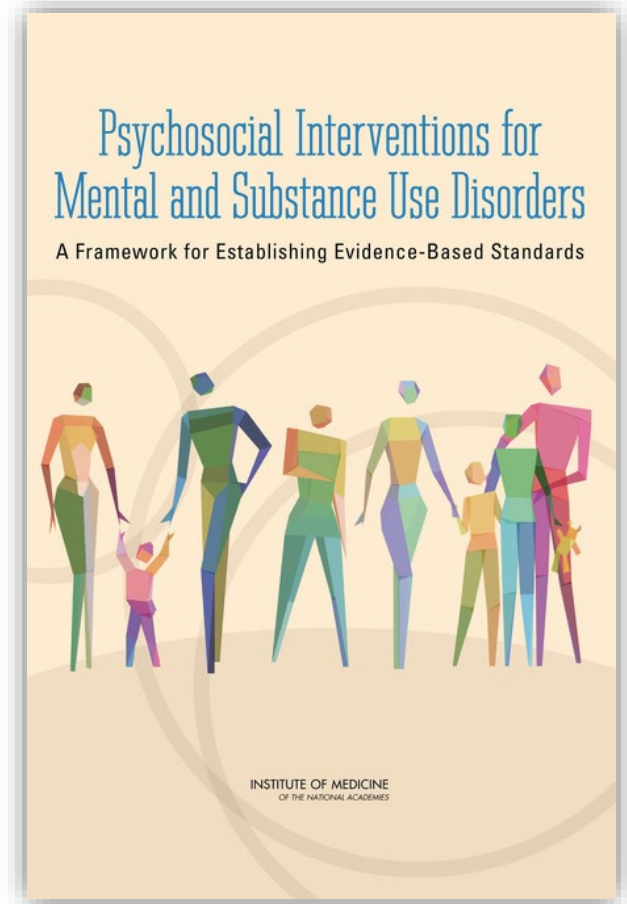


EvidenceBased Psychotherapies

Evidence-Based Psychotherapies

Supported by research

Compared against other therapies



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Misconceptions about EBPs

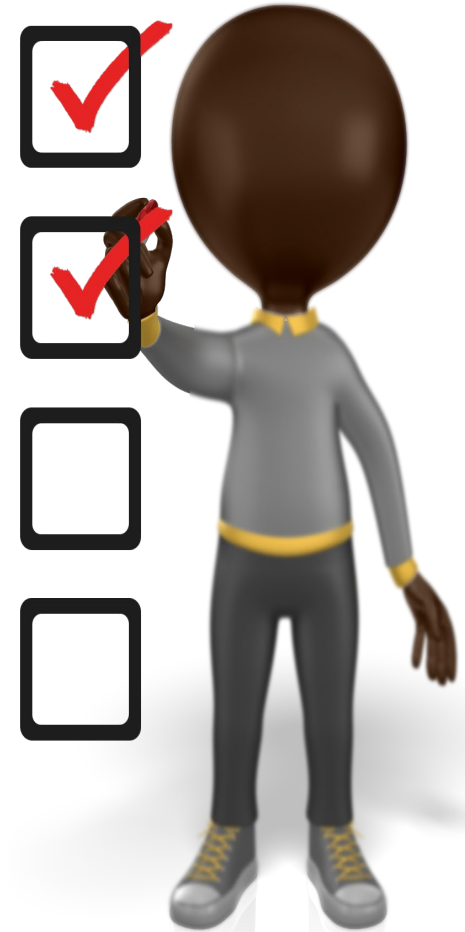
Clinic patients are not the same

Difficult & time consuming

Inflexible protocol

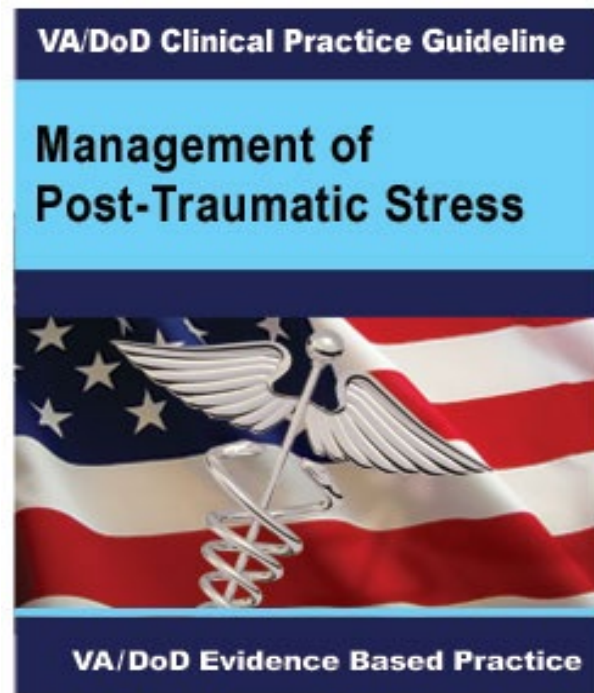
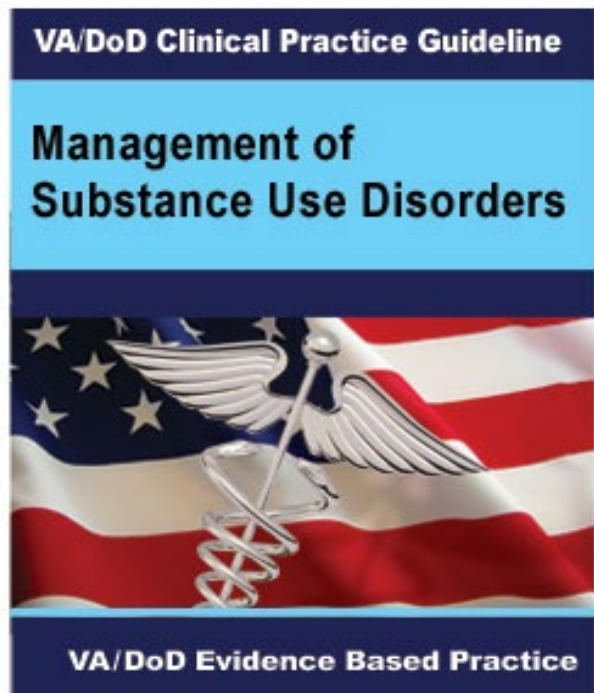
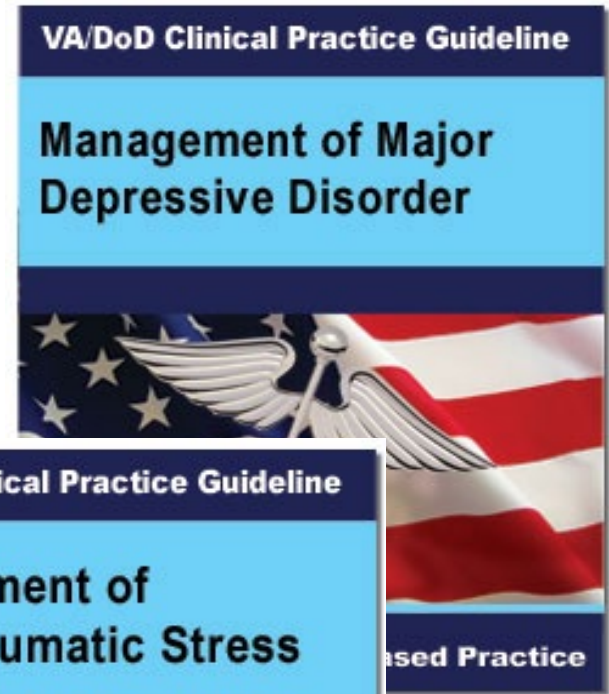
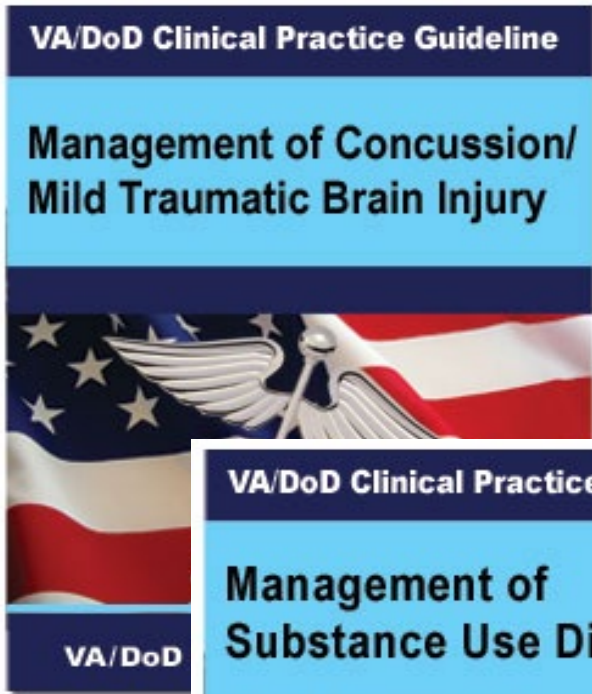
No better than usual treatment

Discount therapeutic expertise



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Clinical Practice Guidelines





Levels Defined

A: Strong for

B: Weak for

C: No recommendation

D: Weak against

I: Strong against

EBPs for Specific Disorders



Posttraumatic Stress Disorder (PTSD)

Depression

U.S. Marine photo. No photographer cited. <https://creativecommons.org/licenses/by-nc/2.0/>



Treatment for PTSD

CPG for PTSD

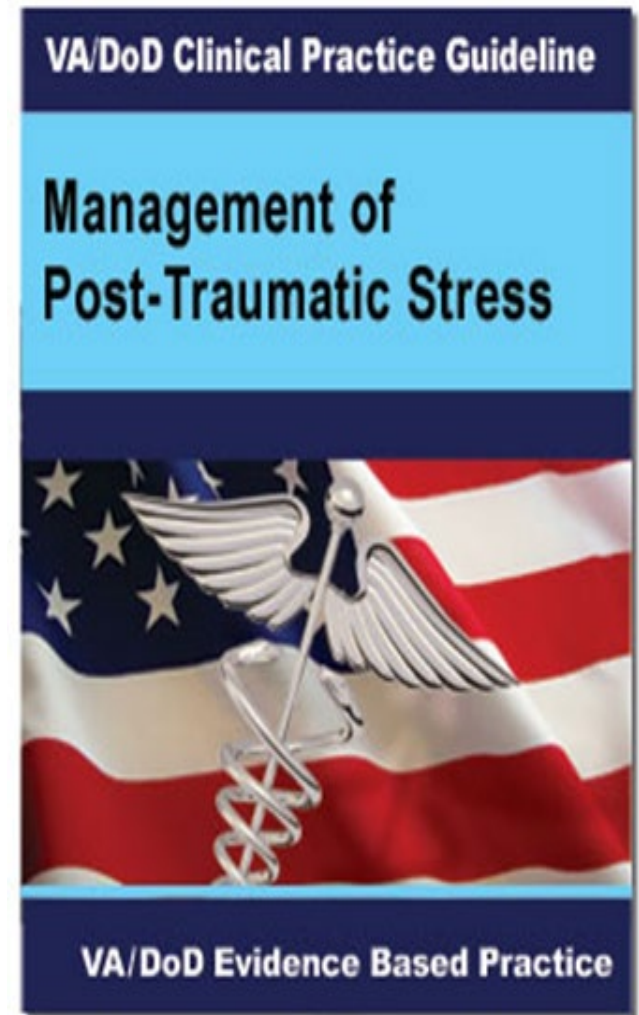
Trauma focused therapy

Individual treatment

Manualized treatment

Exposure

Cognitive restructuring



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Trauma-Focused EBPs - PTSD

Cognitive Process Therapy (CPT)

Prolonged Exposure (PE)

CBT for PTSD (CBT-PTSD)

Eye Movement Desensitization and Reprocessing (EMDR)

Brief Eclectic Psychotherapy (BEP)

Narrative Exposure Therapy (NET)

Written Narrative Exposure (WET)

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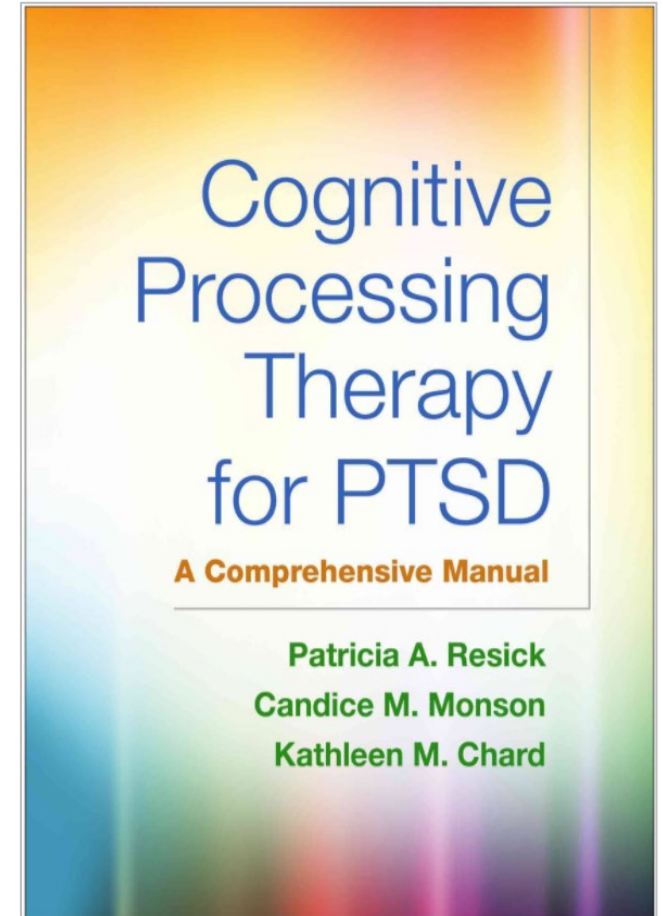
Cognitive Processing Therapy

Based on cognitive theory

12 weekly sessions

Cognitive techniques

Writing exercises



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Prolonged Exposure Therapy

Emotional processing theory

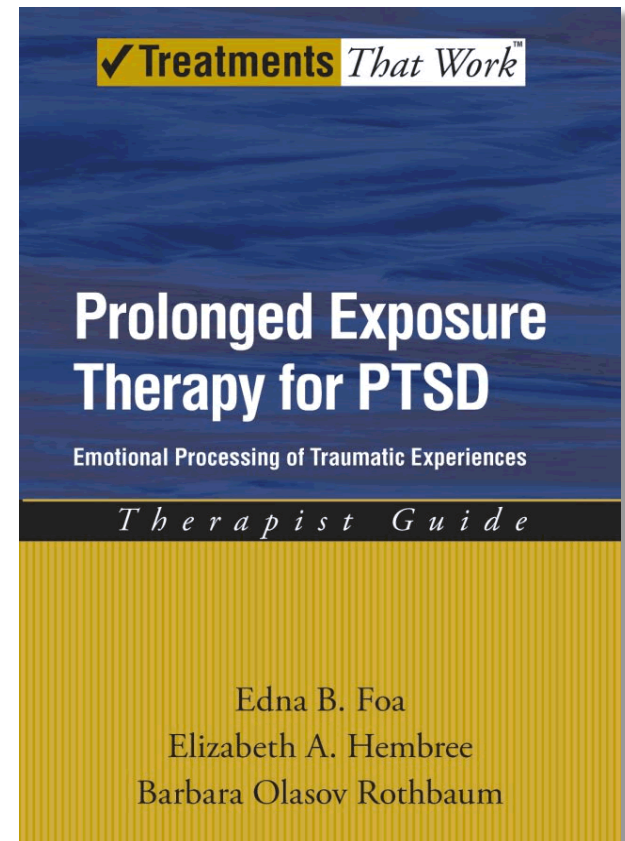
8-15 weekly sessions

Imaginal exposure

In vivo exposure

Breathing retraining

Education



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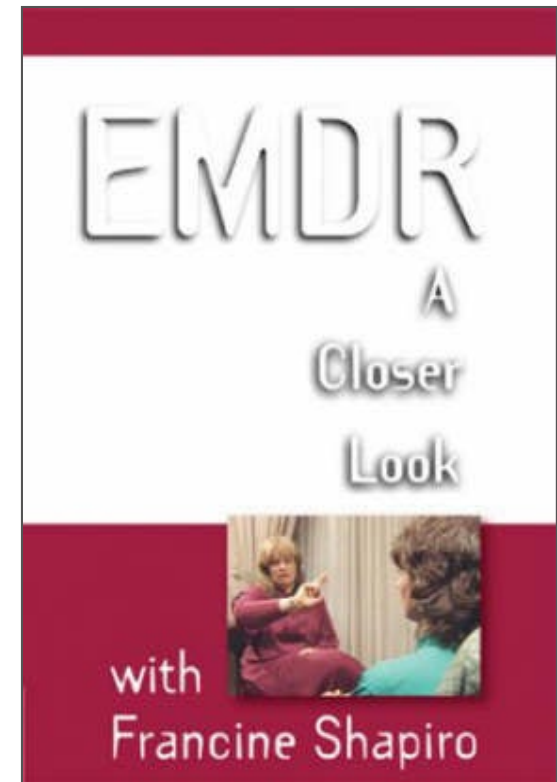
Eye Movement Desensitization and Reprocessing (EMDR)

3-10 weekly sessions

Exposure

Cognitive

Relaxation/self-
monitoring



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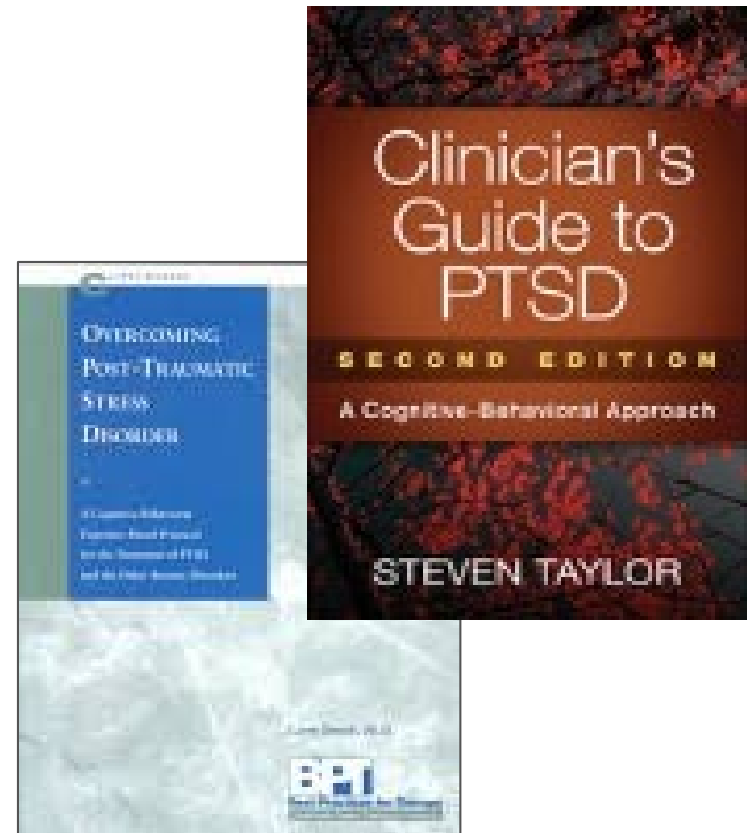
Cognitive Behavioral Therapy

Well studied

Major components:

- Cognitive restructuring
- Exposure therapy
- Relaxation techniques
- Education

Several protocols exist



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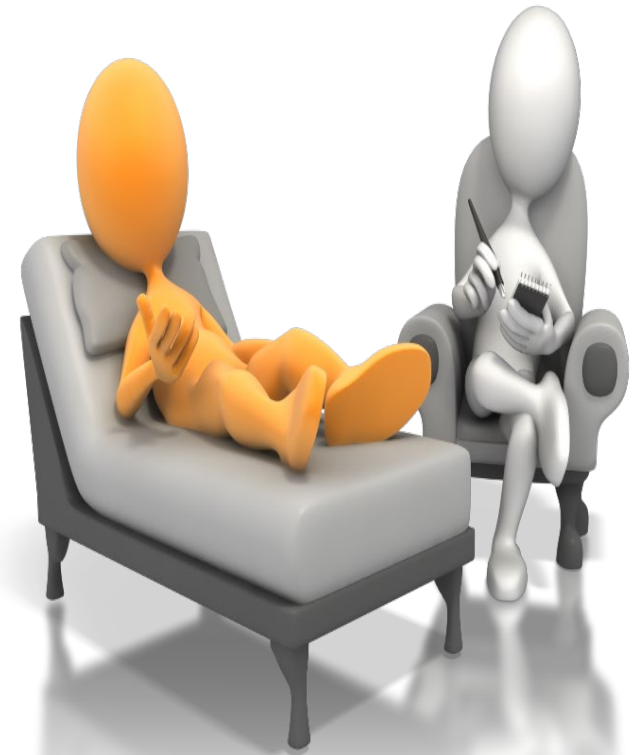
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Brief Eclectic Psychotherapy

Use various approaches & techniques

16 sessions

- Introduction
- Imaginal exposure
- Letter writing
- Intermediate evaluation
- Meaning and integration
- Relapse prevention
- Farewell ritual



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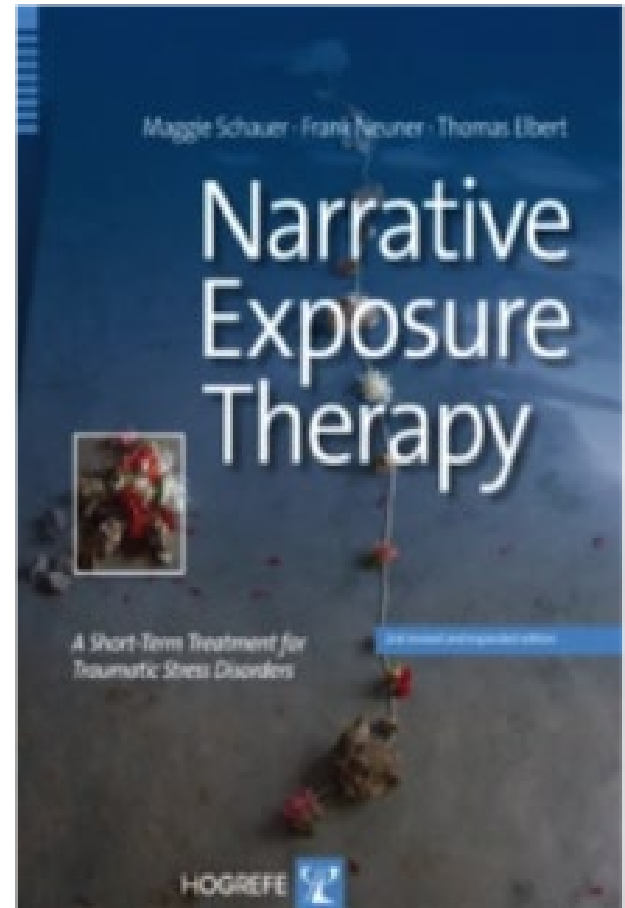
Narrative Exposure Therapy

No set number of sessions

Psychoeducation

Lifeline narrative

Emotional processing



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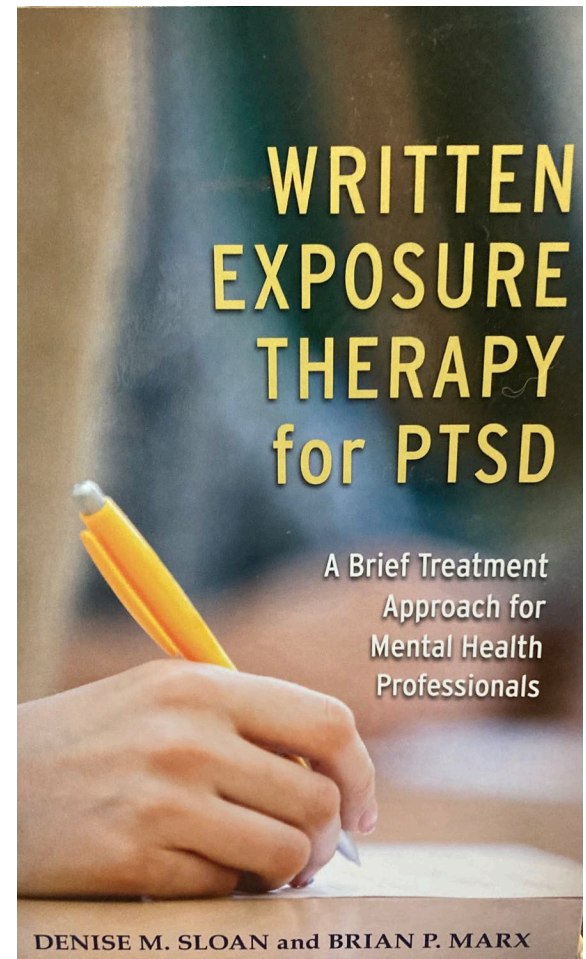
Written Exposure Therapy

Five sessions

Psychoeducation on PTSD

Treatment rationale for
PTSD

Directed writing



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Non-Trauma Focused Therapy

Weak for rating by CPG

Stress inoculation
training

Person-centered
therapy

Interpersonal
psychotherapy



355th Medical Group Mental Health clinic personnel discuss routine tasks at Davis-Monthan Air Force Base, Arizona, Nov. 27, 2019.

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Treatment for Major Depressive Disorder

CPG for Depression (2022)

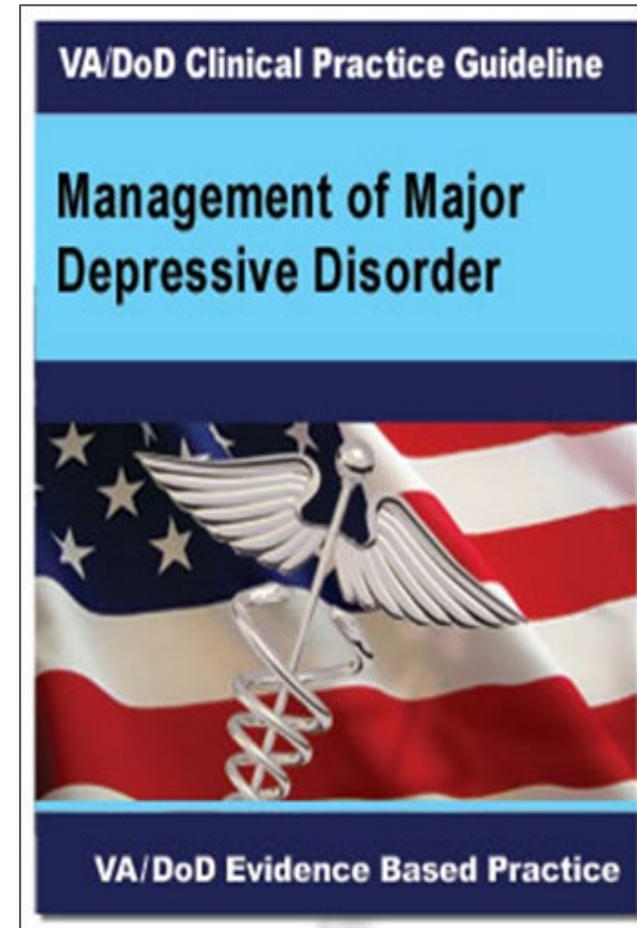
Cognitive Behavioral Therapy (CBT)

Behavioral Activation (BA)

Interpersonal Therapy (IPT)

Acceptance and Commitment Therapy (ACT-D)

Mindfulness-Based Cognitive Therapy (MBCT)



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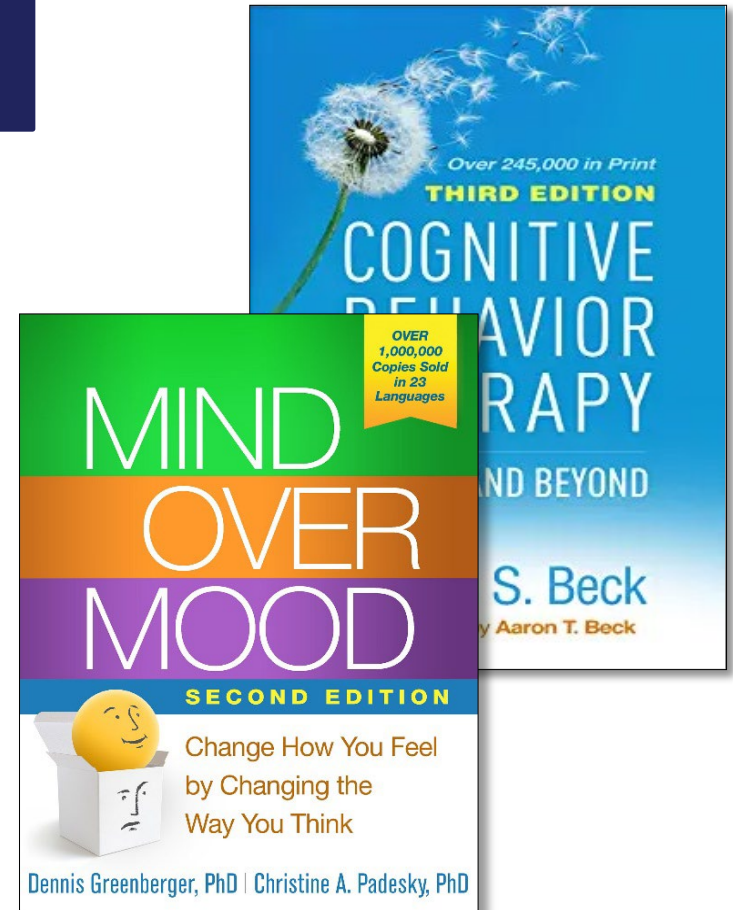
Cognitive Behavioral Therapy

16-20 sessions*

Major components:

- Cognitive restructuring
- Behavioral activation
- Problem solving
- Education

Individual or group format



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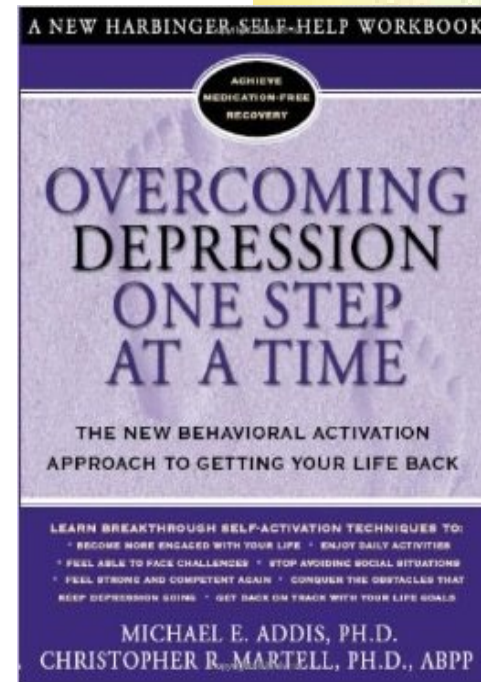
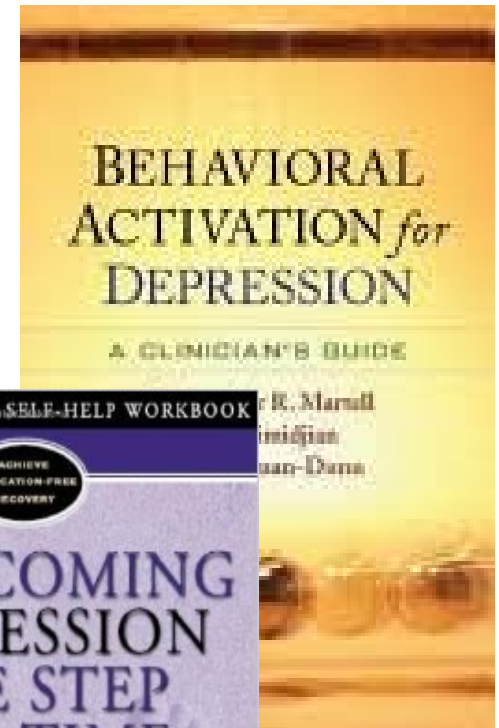
Behavioral Activation

16-24 individual sessions

Focus on behavioral interventions

Major components:

- Tracking activities
- Scheduling activities
- Education



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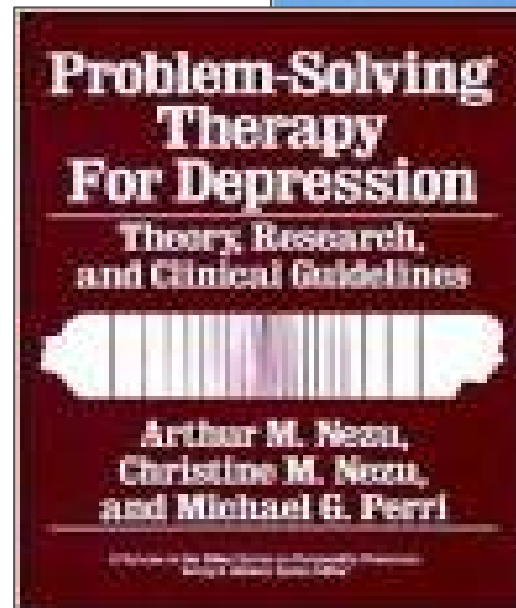
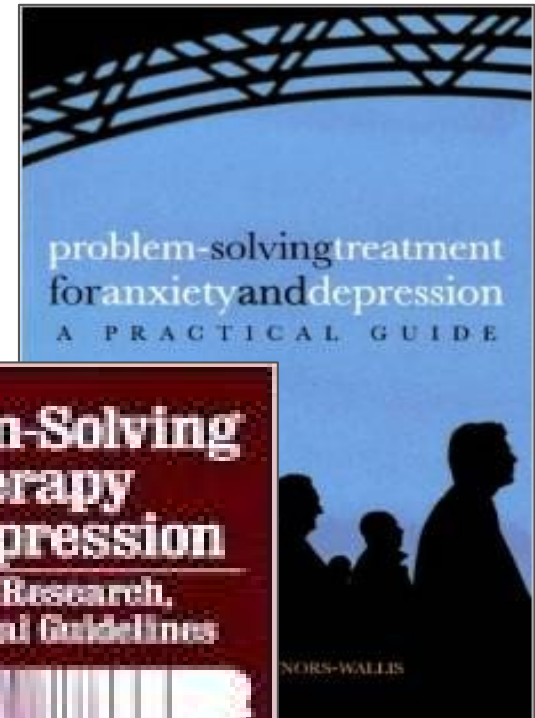


Problem-Solving Therapy

4-6 individual or group sessions

Major components:

- Identify key problem areas
- Break problems down into specific, manageable tasks
- Apply problem-solving model



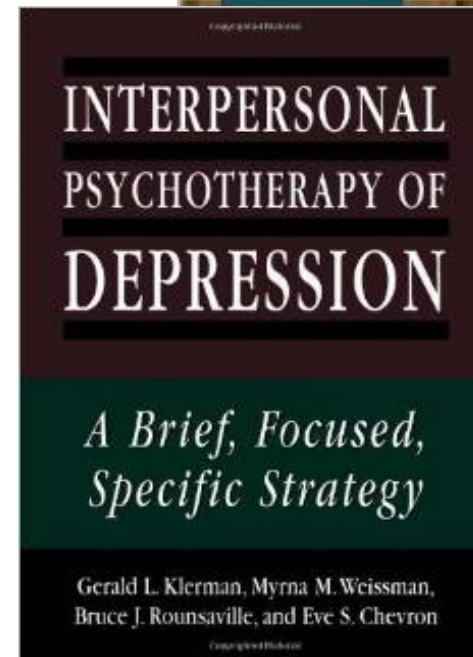
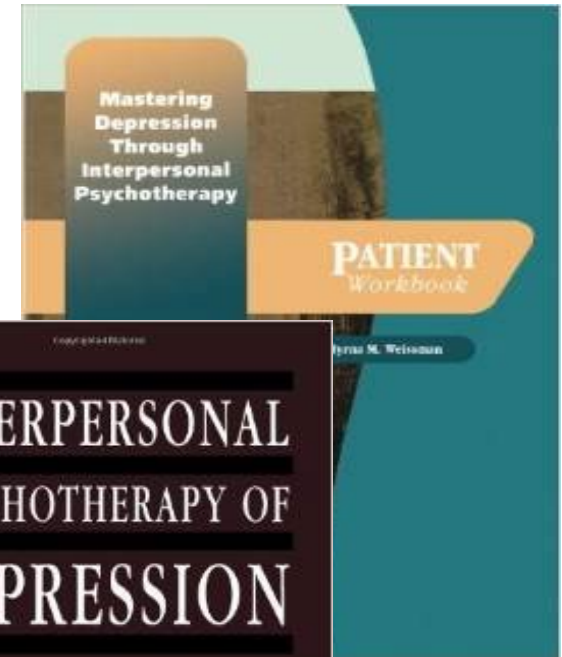
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Interpersonal Psychotherapy

16-20 individual or group sessions

Major components:

- Identify interpersonal problems
- Improve communication skills
- Problem-solve interpersonal issues



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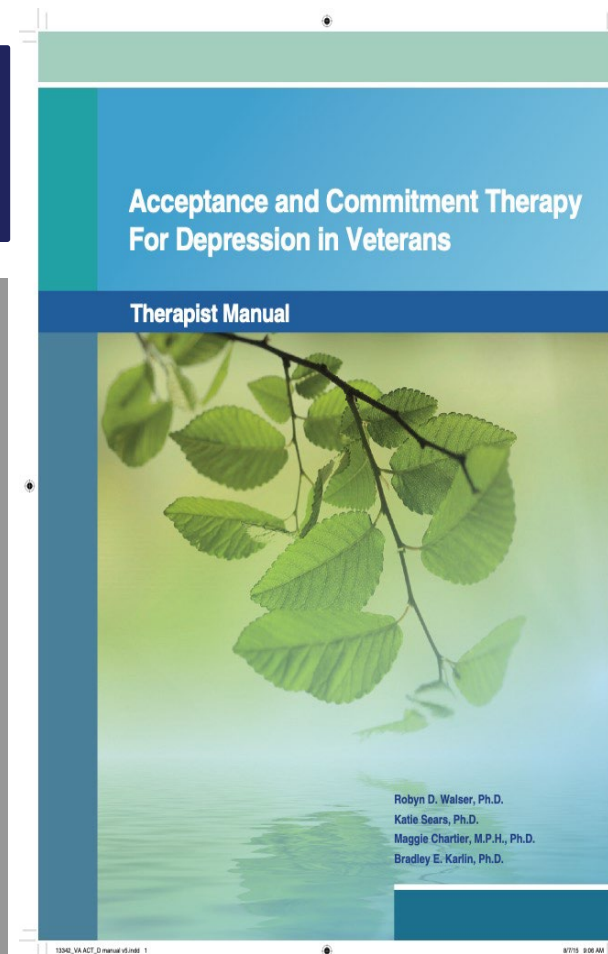
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Acceptance and Commitment Therapy

10-16 individual or group sessions

Major components:

- Learn to be mentally present
- Observe thoughts/feelings without controlling or changing them
- Discover important values
- Set goals according to values and carry them out



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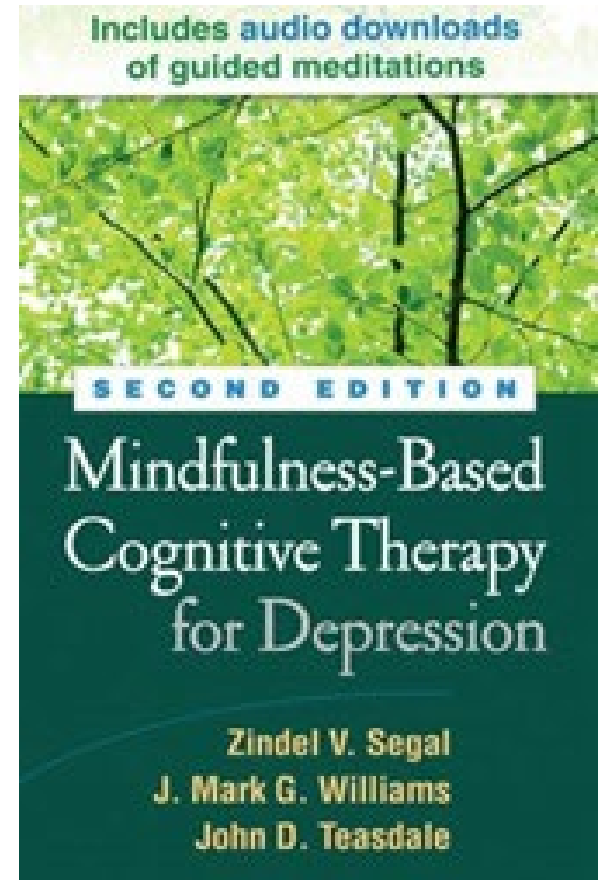


Mindfulness-Based CT

8 group sessions

Major components:

- Non-judgmental stance Towards negative thoughts
- Exercises include body scans, sitting meditation, yoga, and other mindfulness-based exercises



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Non-EBP Approaches

Lengthens treatment

Lowers recovery confidence

Difficult to measure effectiveness

May lack conceptual framework



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VA/DoD CPGs Other Disorders

Assessment and Management of
Patients at Risk for Suicide

Bipolar Disorder in Adults

Substance Use Disorder

Concussion-Mild Traumatic
Brain Injury



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Other CPGs

American Psychological Association



International Society for
Traumatic Stress Studies



AMERICAN
PSYCHOLOGICAL
ASSOCIATION

Association for Behavioral
and Cognitive Therapies



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Training in EBPs

Center for Deployment Psychology

Prolonged exposure therapy

Cognitive processing therapy

Cognitive behavioral therapy
for depression

Acceptance and commitment
therapy



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Toolkit Resources

- *Training Decks*
- *Factsheets & Handouts*
- *Forms & Templates*
- *Spreadsheets & Supporting Documents*
- *Standard Operating Procedures*

Introduction to Evidence-Based Psychotherapies



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USU | CDP | Fact Sheet

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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Summary

- Evaluate misconceptions about utilizing EBPs
- Distinguish recommended EBPs for PTSD and MDD

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