**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 Procedures (SOP) for the disposition of patients desiring ongoing individual psychotherapy when it is no longer clinically indicated at the [Behavioral Health Clinic] at [Medical Center].

**Purpose:** To establish a structured, efficient, and ethical process for disposition of patients who desire ongoing individual psychotherapy when it is not clinically indicated, and outline clinic management and provider responsibilities relevant to this process.

**References:** [Add any clinic SOPs that are referenced in this document]

1. **Objectives.**
   1. This policy aims to inform providers and administrators regarding the processes for monitoring and managing the subclinical population within the clinic.
2. **Responsibilities.**
   1. [Clinic management] has the overall responsibility for continual reinforcement to providers and patients that the role of military behavioral health clinics is to treat all beneficiaries within the MTF’s catchment area. Clinic management is responsible for ensuring that clear clinic guidelines regarding when individual psychotherapy will be terminated are disseminated to all clinic providers.
   2. [Providers] have the responsibility to ensure that patients understand that a course of individual psychotherapy within military behavioral health is time-limited, and that the clinic does not routinely provide long-term individual therapy. At the onset of therapy, providers will establish an expected timeframe for the course of therapy with the patient based on the presenting clinical disorder. Providers will share with the patient how clinical progress will be measured and will provide ongoing feedback to the patient regarding clinical progress. Providers are responsible for following the procedures as outlined in this document.
3. **General.** 
   1. As part of the effort to optimize services, the clinic will implement procedures to guide decisions regarding termination of individual psychotherapy for patients whose clinical condition no longer warrants ongoing individual therapy.
   2. This SOP applies to all staff working in the [behavioral health clinic].
4. **Procedures.**
   1. Patient Education.
      1. Patients should be educated regarding the clinic policy for termination of individual psychotherapy at their initial appointment in the clinic. The provider should emphasize the short-term nature of the therapy when a patient enters therapy and have clear criteria for therapy termination. The provider should also discuss what a typical course of treatment looks like, to include the approximate length of treatment with a tentative termination date.
      2. Referral sources within and outside the MTF that refer patients to the clinic should also convey information to prospective patients about the clinic’s policy regarding short-term therapy. The [clinic manager] will provide information regarding clinic services to primary care clinics and other referral sources. Potential referral sources are provided with the Clinic Outreach handout and copies of the Clinic Services handouts for patients.
   2. Patient Referral/Reassignment.
      1. Any patients not progressing after completing a maximum of 20 sessions will be considered for reassignment and/or termination.
      2. Clinic providers are encouraged to refer patients to PCMs instead of clinic psychiatry after intakes for medication assessment and management.
   3. Criteria for termination of individual psychotherapy.
      1. The [clinic] has established the following criteria for determining that a patient no longer needs ongoing individual therapy:
         1. The patient no longer meets criteria for a clinical disorder as determined by self-report measures, risk assessments, and clinical observations by the treating provider.
         2. The patient exhibits a pattern of canceling, or not showing, for appointments, which reflects a lack of commitment to their treatment.
         3. The patient evidences a pattern of lack of engagement in the therapy process (e.g., not completing assigned between-session tasks; repeated avoidance of clinically significant material in psychotherapy sessions).
      2. In some rare cases, a patient may over-report symptoms to continue care even though their symptoms have actually abated. If this is suspected, a multi-modal assessment should be used to determine patient clinical status, and a candid discussion of the fact that individual therapy slots are a limited commodity and must be reserved for those patients with a true need for this level of care should occur.
   4. Termination process.
      1. Whenever possible, providers should seek to minimize patient complaints about therapy termination. This can be accomplished by the following:
         * Setting a tentative timeline and termination date based on the treatment plan and number of sessions to provide the treatment for the diagnosis.
         * Working with patients throughout the therapy process to inform them of progress and emphasize that therapy is intended to be a short-term endeavor with plans to help them function without the provider.
         * Decreasing the frequency of appointments as termination approaches may also help the patient to prepare and utilize coping skills before ending the therapeutic relationship.
         * Planning for the termination at least 2-3 sessions prior to the last session. Areas to address during this termination process include:
         * Reviewing treatment progress,
           + Discussing the tools and skills gained through treatment that they will continue to utilize, and
           + Discussing any items related to termination including feelings related to termination, what resources and support the patient will continue to use after therapy ends, and what signs or symptoms will indicate that the patient should return to therapy.
      2. For patients who no longer require individual therapy, but strongly object to ending therapy, offer other options (e.g., ongoing follow-up in a process group [Therapy Continuation Group], referral to another location for follow up). Use the example scripts for ending individual therapy contained in the handout Best Practices for Changing Levels of Care.
   5. Utilization Review.
      1. The clinic employs several means of utilization review to monitor and adjust the usage of individual therapy.
         1. The [clinic manager] will examine therapy utilization and identify patients who are receiving longer courses of therapy than anticipated (i.e., greater than 20 psychotherapy appointments). These patients will be reviewed in a monthly treatment team review meeting.
         2. The [clinic manager] will monitor the relative numbers of sub-clinical cases across providers and identify providers who have large numbers of this type of case.
   6. Referrals for ongoing individual psychotherapy.
      1. Patients for whom it is determined that continued individual psychotherapy is not clinically indicated will be provided information regarding local resources that provide counseling services for subclinical problems. These include:

* Branch specific community counseling service (i.e., MCCS, FLFSC, etc.)
* MFLCs
* Military One Source
* Chaplains
* Community support groups
  + 1. When possible, the provider will offer to make a direct referral to the identified resource.
    2. Providers will communicate to patients being discharged from individual psychotherapy that the patient can receive individual psychotherapy at the clinic in the future if it is clinically indicated.
    3. Providers will clearly document the basis for termination of individual psychotherapy and any referrals provided in the patient’s medical record.