Treatment Planning

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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.

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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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Learning Objectives

- Analyze rationale and components of effective treatment plans

- Distinguish strategies for treatment planning with special populations

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Why Write a Treatment Plan

1. Guide Content & Treatment

2. Document Intent & Goals

3. Define Criteria for Treatment

Treichler et al., 2021

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Why Write a Treatment Plan

1. Guide Content & Treatment

Treatment Interventions

Course of Interventions

Measurement

Treichler et al., 2021

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Why Write a Treatment Plan

(U.S. Air Force photo/Tech. Sgt. Marie Brown, Mar 16, 2015)

2. Document Intent & Goals

Communicate with Other Providers

Helps Patient Focus on Goals

Treichler et al., 2021

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Why Write a Treatment Plan

3. Define Criteria for Treatment

- Target Scores on OMs
- Specific Behaviors
- Begin with End

Steffen et al., 2009

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Effects of Poor Treatment Plans

- Lack of Direction
- Unsure of End
- Poor Communication
- Concerns about Care

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Inquire about Patient Goals

What do They Need?

What Outcome do They Desire?

(August 23, 2019. U.S. Navy photo by Jacob Sippel, Naval Hospital Jacksonville/Released)

Barret & Linsley, 2017; Rutter, 2005

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Common Patient Goals

- Reduce Symptoms
- Discharge
- Empathy
- Pressure

(U.S. Air Force photo/Senior Airman Stephanie Sauberan)

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Establishing Treatment Goals

- Goals
- Objectives
- Criteria
- End of Treatment

Barrett & Linsley, 2017;Stewart et al., 2021

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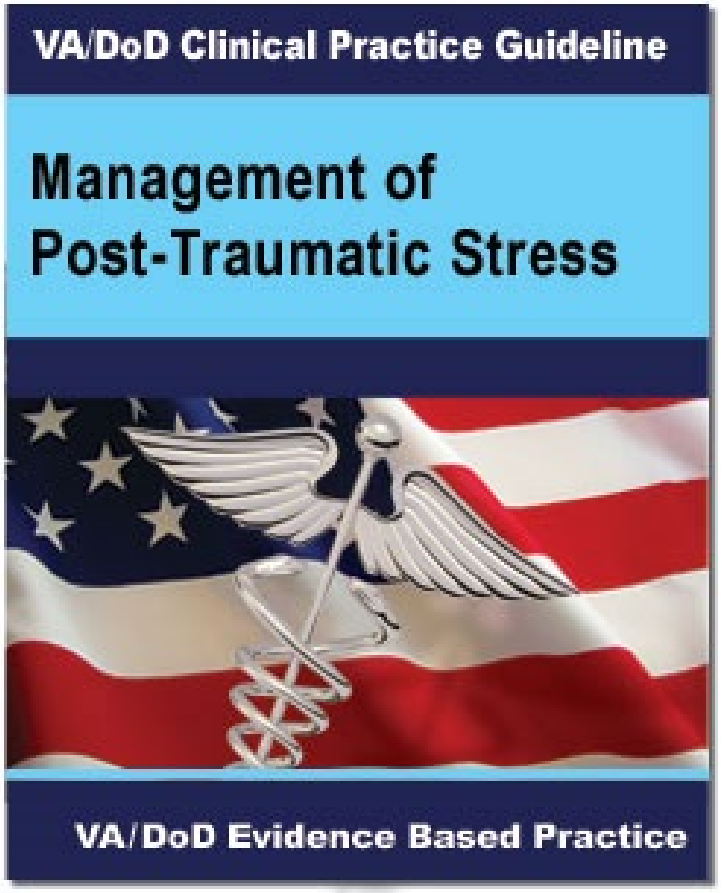
Selecting Interventions

- MDD
- Suicide
- PTSD
- Bipolar
- SUD
- Insomnia



http://www.healthquality.va.gov

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Selecting Interventions

- Medications
- Individual therapy
- Group therapy
- Family therapy

Stewart et al., 2021

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Establishing Objectives

Rutter, 2005; Stewart et al., 2021

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Establishing Objectives

Examples of Good Objectives:
"Increase sleep to at least 6 hours per night within 4 weeks"
"Elimination of self-cutting behavior by conclusion of 8 week skills group"
"Keep daily sleep diary for 6 weeks while engaged in CBT-I treatment"

Rutter, 2005; Stewart et al., 2021

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Using Outcome Measures

Orient patient

Timing of Administration

Review & Feedback Regularly

Aldea et al., 2021; Dollar et al., 2020; Deputy Assistant Secretary of Defense, 2013; Defense Health Agency, 2018; Stewart et al., 2021)

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BE FLEXIBLE!

Plan for Termination

- Clear Criteria
- Mutual Agreement
- Clearly Documented

Stewart et al., 2021

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Preparing for Termination

- Set Termination Date
- Reduce Appt Frequency
- Offer Booster Sessions

Stewart et al., 2021

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Preparing for Termination

Questions to Discuss
1. What does the patient imagine it will be like to end?
2. What has the patient gained/learned since being in treatment?
3. What resources will the patient use for support after therapy ends?
4. What signs would the patient look for indicating they need to return to treatment?

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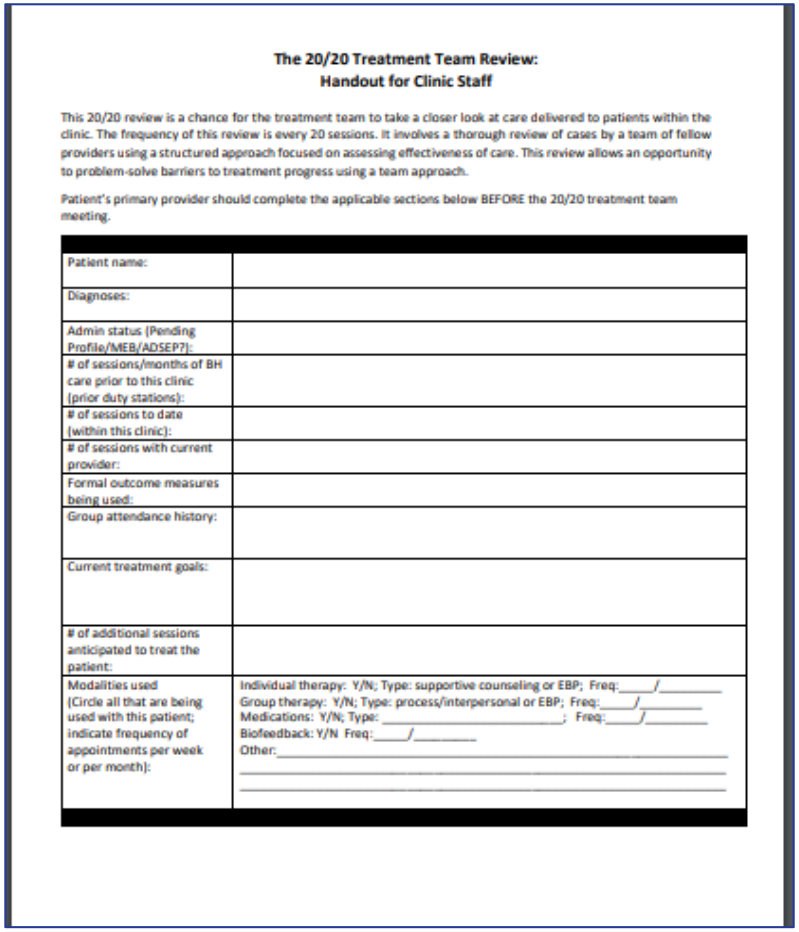
Treatment Team Reviews

- Frequency
- Scope
- Composition
- Process



The 20/20 Treatment Team Review:
Handout for Clinic Staff

This 20/20 review is a chance for the treatment team to take a closer look at care delivered to patients within the clinic. The frequency of this review is every 20 sessions. It involves a thorough review of cases by a team of fellow providers using a structured approach focused on assessing effectiveness of care. This review allows an opportunity to problem-solve barriers to treatment progress using a team approach.

Patient's primary provider should complete the applicable sections below BEFORE the 20/20 treatment team meeting.

Patient name:	
Diagnoses:	
Admin status (Pending Profile/MEB/ADSEP?):	
# of sessions/months of BH care prior to this clinic (prior duty stations):	
# of sessions to date (within this clinic):	
# of sessions with current provider:	
Formal outcome measures being used:	
Group attendance history:	
Current treatment goals:	
# of additional sessions anticipated to treat the patient:	
Modalities used (Circle all that are being used with this patient; indicate frequency of appointments per week or per month):	Individual therapy: Y/N; Type: supportive counseling or EBP; Freq:_____/_____ Group therapy: Y/N; Type: process/interpersonal or EBP; Freq:_____/_____ Medications: Y/N; Type: _____; Freq:_____/_____ Biofeedback: Y/N Freq:_____/_____ Other:_____ _____ _____

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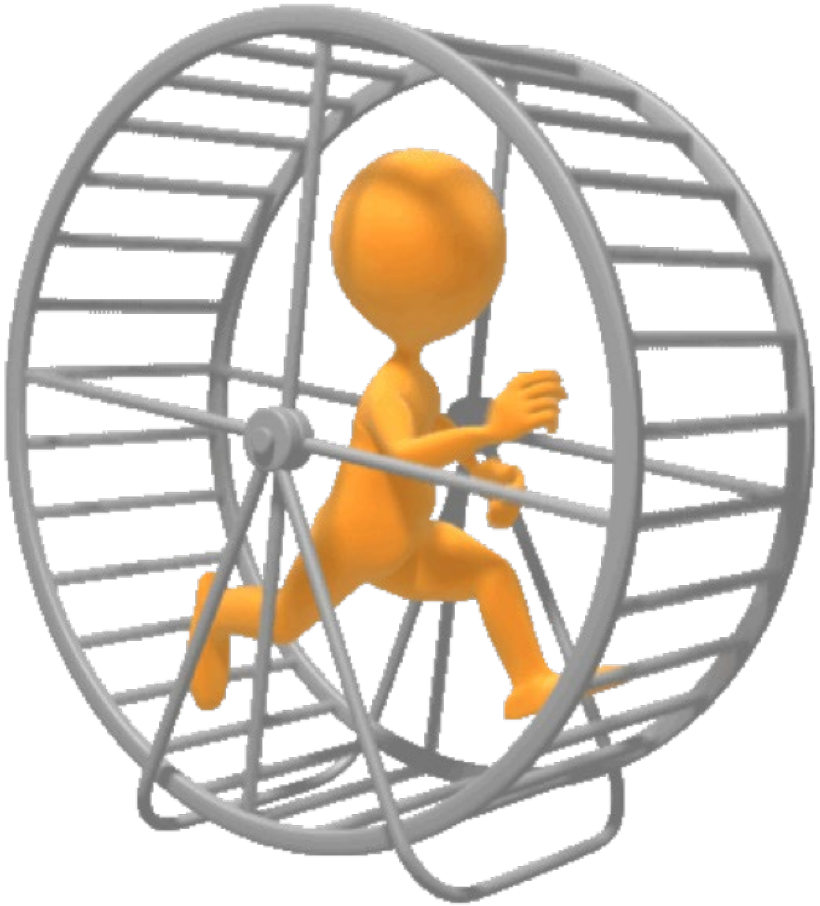
Unresponsiveness to Treatment



- Re-evaluate Diagnosis
- Rev-evaluate Goals
- Modify Treatment Plan
- Consultation

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Addressing Lack of Progress

- Add Medication
- Change Intervention
- EBP Group
- Poor Engagement

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TREATMENT PLANNING WITH SPECIAL POPULATIONS

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Special Patient Populations

- Sub-Clinical
- Under Engagement
- Seeking Administrative Outcome

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Sub-Clinical Patients

Relatively High Functioning

Low Scores on Measures

Do Not Require Weekly Tx

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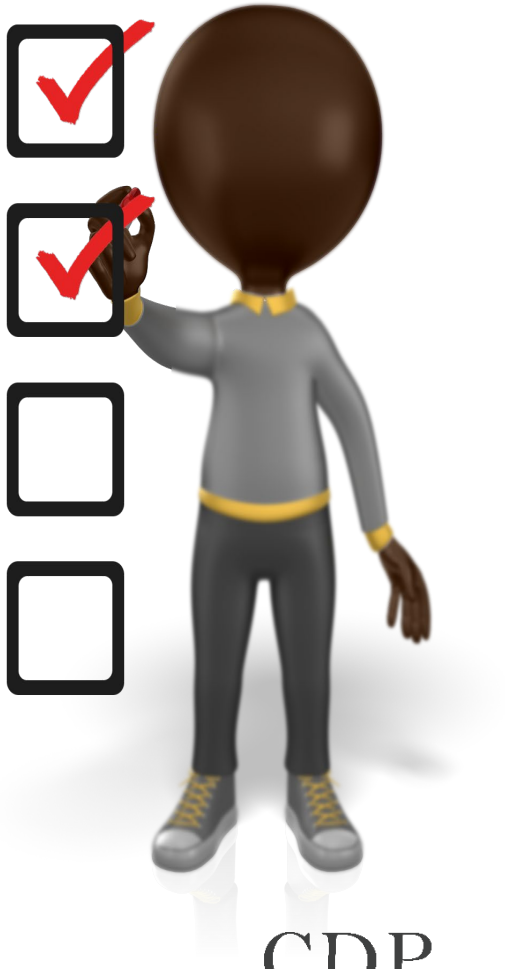
Managing Sub-Clinical Patients

- Set Expectations
- Focused Treatment Plans
- Alternate Schedule
- Use of Process or Continuation Groups



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UNDER ENGAGING PATIENTS

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Under Engaging Patients

Photo by CDP, 9 November 2021

- Poor Attendance
- Lack of Homework Compliance
- Unprepared to Change

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Managing Under Engaging Patients

- Clear Expectations
- Require Homework
- Process or Continuation Group
- End Treatment

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PATIENTS SEEKING ADMINISTRATIVE OUTCOMES

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Identification

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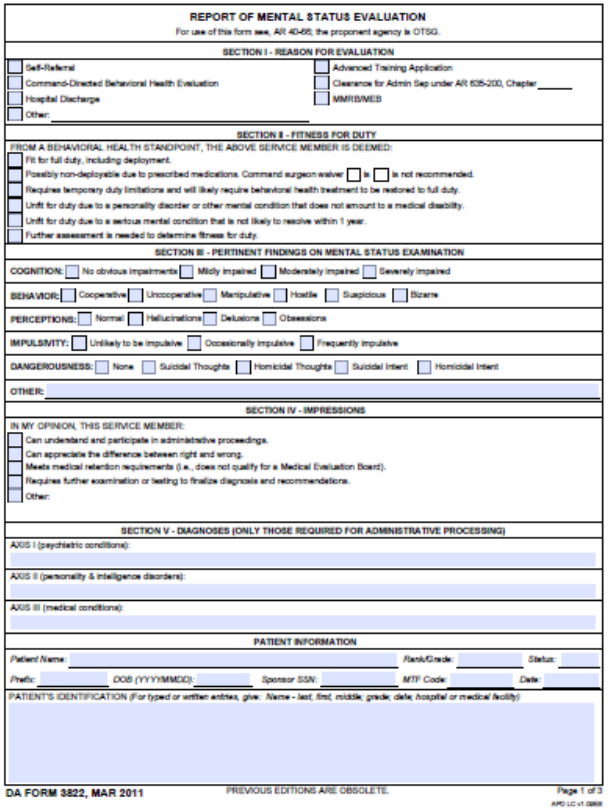
Types of Administrative Outcomes

Discharge from Service

Change in Duty Status

Change of Duty Station



REPORT OF MENTAL STATUS EVALUATION

For use of this form see, AR 40-66; the proponent agency is OTSG.

SECTION I - REASON FOR EVALUATION

- Self-Referral
- Command-Directed Behavioral Health Evaluation
- Hospital Discharge
- Other:
- Advanced Training Application
- Clearance for Admin Sep under AR 635-200, Chapter ____
- MMRB/MEB

SECTION II - FITNESS FOR DUTY

FROM A BEHAVIORAL HEALTH STANDPOINT, THE ABOVE SERVICE MEMBER IS DEEMED:

- Fit for full duty, including deployment.
- Possibly non-deployable due to prescribed medications. Command surgeon waiver ☐ is ☐ is not recommended.
- Requires temporary duty limitations and will likely require behavioral health treatment to be restored to full duty.
- Unfit for duty due to a personality disorder or other mental condition that does not amount to a medical disability.
- Unfit for duty due to a serious mental condition that is not likely to resolve within 1 year.
- Further assessment is needed to determine fitness for duty.

SECTION III - PERTINENT FINDINGS ON MENTAL STATUS EXAMINATION

COGNITION: ☐ No obvious impairments ☐ Mildly impaired ☐ Moderately impaired ☐ Severely impaired

BEHAVIOR: ☐ Cooperative ☐ Uncooperative ☐ Manipulative ☐ Hostile ☐ Suspicious ☐ Bizarre

PERCEPTIONS: ☐ Normal ☐ Hallucinations ☐ Delusions ☐ Obsessions

IMPULSIVITY: ☐ Unlikely to be impulsive ☐ Occasionally impulsive ☐ Frequently impulsive

DANGEROUSNESS: ☐ None ☐ Suicidal Thoughts ☐ Homicidal Thoughts ☐ Suicidal Intent ☐ Homicidal Intent

OTHER:

SECTION IV - IMPRESSIONS

IN MY OPINION, THIS SERVICE MEMBER:

- Can understand and participate in administrative proceedings.
- Can appreciate the difference between right and wrong.
- Meets medical retention requirements (i.e., does not qualify for a Medical Evaluation Board).
- Requires further examination or testing to finalize diagnosis and recommendations.
- Other:

SECTION V - DIAGNOSES (ONLY THOSE REQUIRED FOR ADMINISTRATIVE PROCESSING)

AXIS I (psychiatric conditions):

AXIS II (personality & intelligence disorders):

AXIS III (medical conditions):

PATIENT INFORMATION

Patient Name: Rank/Grade: Status:

Prefix: DOB (YYYYMMDD): Sponsor SSN: MTF Code: Date:

PATIENT'S IDENTIFICATION (For typed or written entries, give: Name - last, first, middle, grade, date, hospital or medical facility)

DA FORM 3822, MAR 2011 PREVIOUS EDITIONS ARE OBSOLETE. Page 1 of 3

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Discussing Administrative Outcomes

- Reasons for Seeking Treatment
- Openness to Therapy
- Alternatives to Therapy if Appropriate

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Discussion Tool

Name: _____

DOB: _____

Treatment Expectations and Beliefs Scale

INSTRUCTIONS: This brief form will help us better understand your impressions about the symptoms you are having and your expectations about getting treatment. For each item, please place an "X" in the appropriate box.

Section 1:

Please indicate how much you agree or disagree with the following statements:	Strongly Disagree	Disagree	Unsure	Agree	Strongly Agree
1. I am tired of having these symptoms and/or problems.					
2. My symptoms are making my life much harder than it should be.					
3. My symptoms have been causing problems in my personal life.					
4. My symptoms have been causing problems at work.					
5. I am open to trying "talk therapy."					
6. I am willing to try therapies that require homework.					
7. I am willing to consider a group therapy.					
8. I am open to trying medication.					
9. I think treatment will help me. **10. My problems are too big to be solved.**					
11. Getting treatment is the best thing for me now. **12. I feel pressured by others to come in for treatment.** **13. I am too busy to attend treatment on a consistent basis at this time.**					
14. I am worried that getting treatment may affect my career.					
15. I need an administrative change (e.g., separation from service, medical discharge, change in workplace, MOS change, etc.).					

Non-Active duty patients may stop here.

Active Duty and activated National Guard and Reserve Service members should complete Section 2 on the next page.

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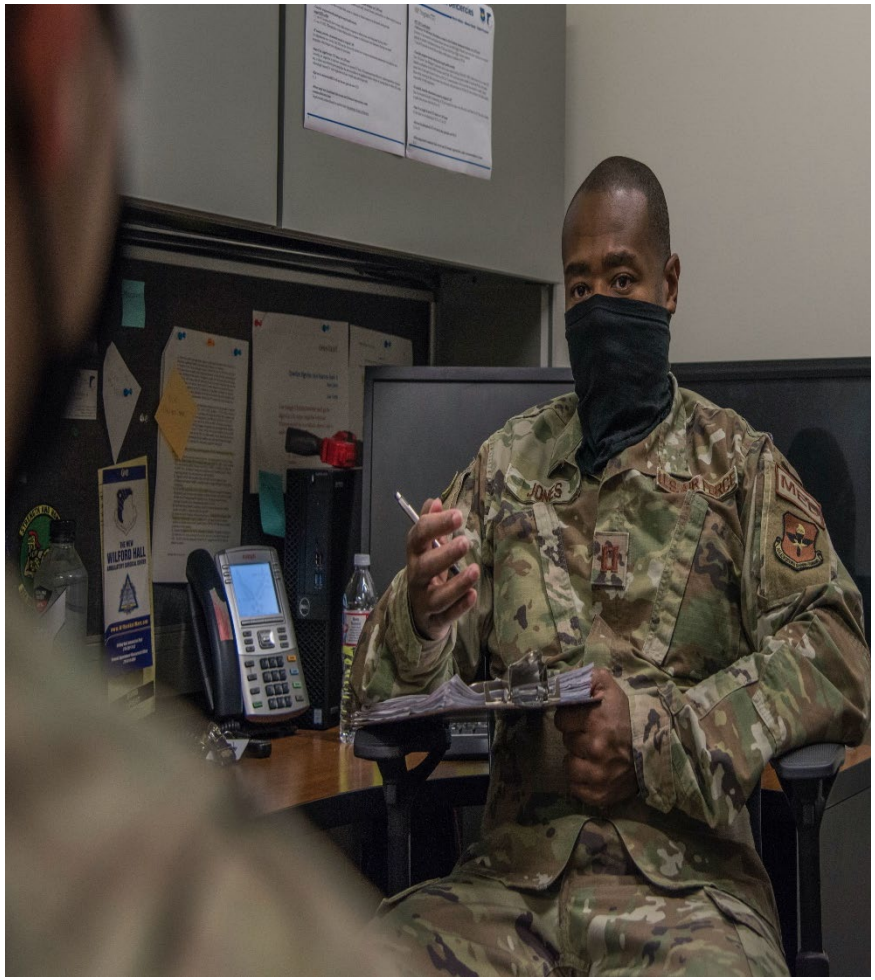
Patient Management



(U.S. Air Force photo by Airman 1st Class Melody Bordeaux, Nov 24, 2020)

- Clarify Goals
- Encourage Clinical improvement
- Pursue Administrative Action

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Patient Management

- Track Administrative Outcomes
- Enroll in Process Group
- Psychoeducational Groups

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Toolkit Resources

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

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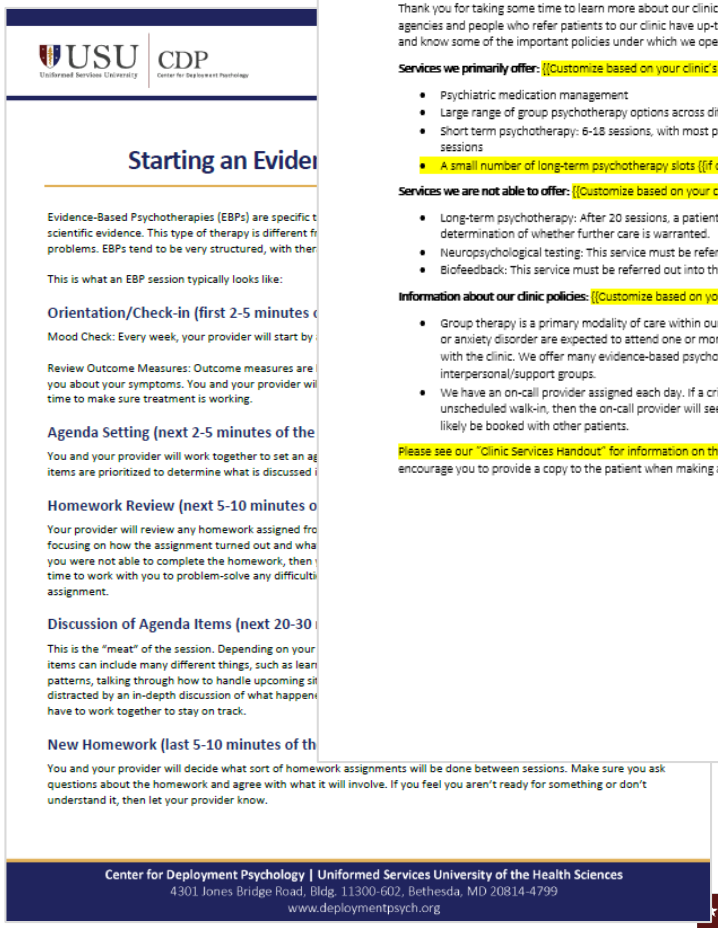

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Starting an Evide

Evidence-Based Psychotherapies (EBPs) are specific t
scientific evidence. This type of therapy is different fr
problems. EBPs tend to be very structured, with ther

This is what an EBP session typically looks like:

Orientation/Check-in (first 2-5 minutes

Mood Check: Every week, your provider will start by

Review Outcome Measures: Outcome measures are
you about your symptoms. You and your provider wi
time to make sure treatment is working.

Agenda Setting (next 2-5 minutes of the

You and your provider will work together to set an ag
items are prioritized to determine what is discussed

Homework Review (next 5-10 minutes o

Your provider will review any homework assigned fro
focusing on how the assignment turned out and wha
you were not able to complete the homework, then
time to work with you to problem-solve any difficulti
assignment.

Discussion of Agenda Items (next 20-30

This is the "meat" of the session. Depending on your
items can include many different things, such as lear
patterns, talking through how to handle upcoming si
distracted by an in-depth discussion of what happen
have to work together to stay on track.

New Homework (last 5-10 minutes of th

You and your provider will decide what sort of homework assignments will be done between sessions. Make sure you ask questions about the homework and agree with what it will involve. If you feel you aren't ready for something or don't understand it, then let your provider know.

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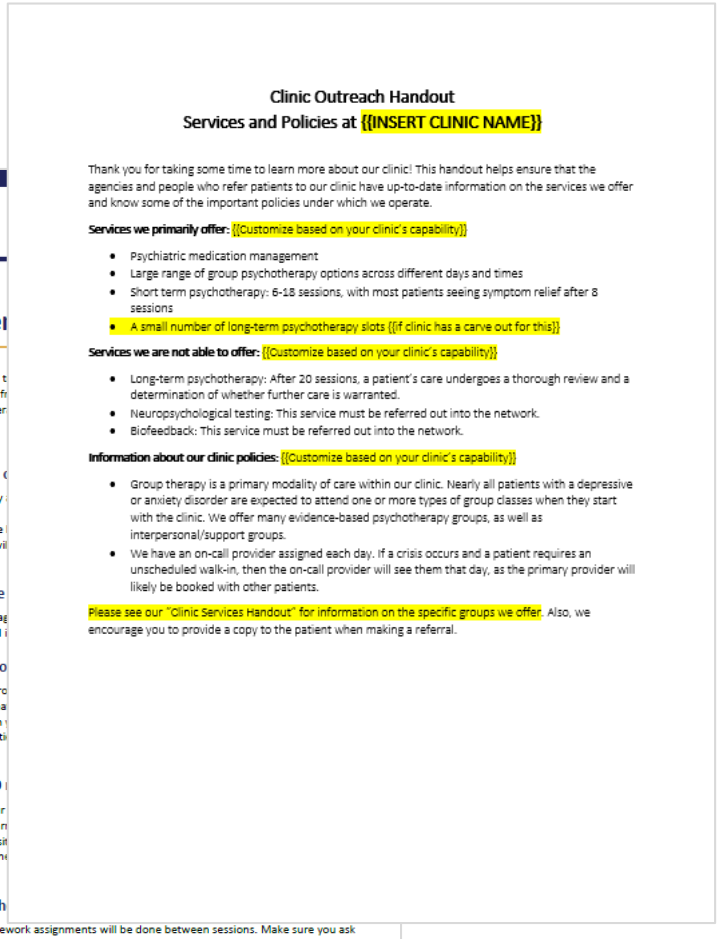

Clinic Outreach Handout
Services and Policies at {{INSERT CLINIC NAME}}

Thank you for taking some time to learn more about our clinic! This handout helps ensure that the agencies and people who refer patients to our clinic have up-to-date information on the services we offer and know some of the important policies under which we operate.

Services we primarily offer: {{Customize based on your clinic's capability}}

- Psychiatric medication management
- Large range of group psychotherapy options across different days and times
- Short term psychotherapy: 6-18 sessions, with most patients seeing symptom relief after 8 sessions
- A small number of long-term psychotherapy slots {{if clinic has a carve out for this}}

Services we are not able to offer: {{Customize based on your clinic's capability}}

- Long-term psychotherapy: After 20 sessions, a patient's care undergoes a thorough review and a determination of whether further care is warranted.
- Neuropsychological testing: This service must be referred out into the network.
- Biofeedback: This service must be referred out into the network.

Information about our clinic policies: {{Customize based on your clinic's capability}}

- Group therapy is a primary modality of care within our clinic. Nearly all patients with a depressive or anxiety disorder are expected to attend one or more types of group classes when they start with the clinic. We offer many evidence-based psychotherapy groups, as well as interpersonal/support groups.
- We have an on-call provider assigned each day. If a crisis occurs and a patient requires an unscheduled walk-in, then the on-call provider will see them that day, as the primary provider will likely be booked with other patients.

Please see our "Clinic Services Handout" for information on the specific groups we offer. Also, we encourage you to provide a copy to the patient when making a referral.

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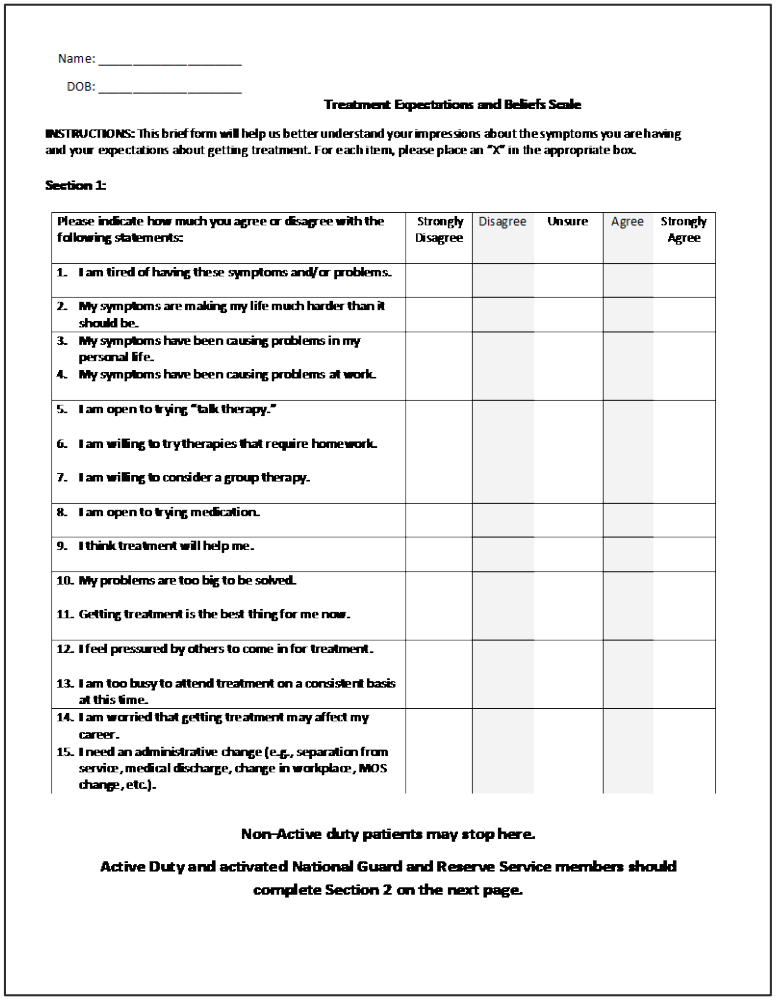

Name: _____

DOB: _____

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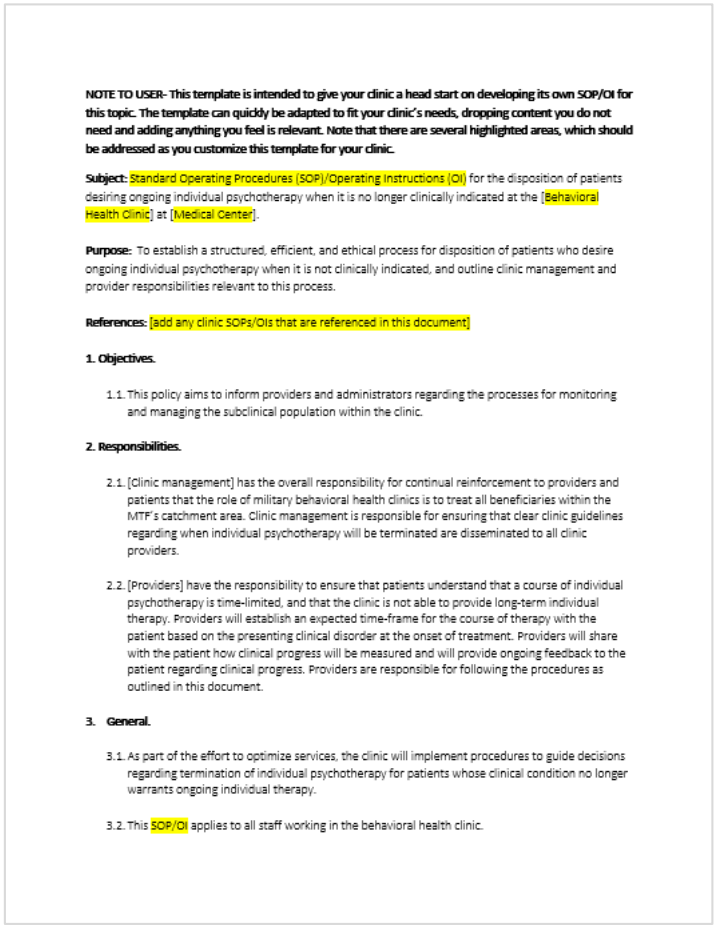

NOTE TO USER- This template is intended to give your clinic a head start on developing its own SOP/OI for this topic. The template can quickly be adapted to fit your clinic's needs, dropping content you do not need and adding anything you feel is relevant. Note that there are several highlighted areas, which should be addressed as you customize this template for your clinic.

Subject: Standard Operating Procedures (SOP)/Operating Instructions (OI) 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/OIs that are referenced in this document]

1. Objectives.

1.1. This policy aims to inform providers and administrators regarding the processes for monitoring and managing the subclinical population within the clinic.

2. Responsibilities.

2.1. [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.

2.2. [Providers] have the responsibility to ensure that patients understand that a course of individual psychotherapy is time-limited, and that the clinic is not able to provide long-term individual therapy. Providers will establish an expected time-frame for the course of therapy with the patient based on the presenting clinical disorder at the onset of treatment. 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.

3.1. 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.

3.2. This SOP/OI applies to all staff working in the behavioral health clinic.

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Summary

- Analyze rationale and components of effective treatment plans

- Distinguish strategies for treatment planning with special populations

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Clinic Optimization Toolkit

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