

HANDOUT 3: SOP/OI TEMPLATE TO ESTABLISH EBP GROUP PROCEDURES

Overview

This handout provides a template designed to assist clinic managers in establishing clinic procedures to support EBP group referral and management. This is not required, but may prove useful as you modify it to fit your needs. It is designed to be used in tandem with the "Best Practices in EBP Groups" training deck, developed as part of a larger EBP Utilization Toolkit by the Center for Deployment Psychology. This program was funded by the collaborative DoD/VA Joint Incentive Fund #9.

Center for Deployment Psychology

SOP/OI for EBP Group treatment—Procedures for Referral and Group Management

Subject: Standing Operating Procedures (SOP)/Operating Instructions (OI) for the assignment of patients to providers at the [Behavioral Health Clinic] at [Medical Center] for EBP Group treatment

Purpose: To establish a structured, efficient process for assigning patients of the Clinic to providers for EBP Group treatment, and outline provider responsibilities for assigned patients

References: [add any clinic SOPs/OIs that are referenced in this document]

1. Objectives.

- 1.1. Provide appropriate Evidence-Based Psychotherapies (EBPs) in a group format so as to reach as many patients as possible with these therapies.
- 1.2. Provide services in a timely manner.
- 1.3. Minimize the logistical challenges for referral into EBP groups.

2. Responsibilities.

- 2.1. [Clinic manager] has overall responsibility for the provision of services and their method of delivery within the clinic. They will determine the correct line-up of EBP groups that the clinic will offer.
- 2.2. [Group Therapy Coordinator] will work with clinic manager to coordinate staffing schedules and group room availability. They will support and reinforce the procedures below in team and supervision meetings.
- 2.3. [Providers] are responsible for following the procedures as outlined below.
- 2.4. [Lead EBP Behavioral Health Tech] is to oversee and coordinate appointment scheduling and assignment of Techs to additional duties as outlined below.
- 2.5. [Behavioral Health Techs] are responsible for following the procedures as outlined below.

3. General.

- 3.1. As part of its efforts to optimize services, the clinic will be offering more EBP therapies in a group format. In order to have patients and providers take advantage of this increased availability of EBP groups, we have streamlined the referral process for EBP groups. Providers who complete intakes and follow-up sessions are to engage in ongoing evaluation of a patient's suitability for one or more of the EBP groups offered within the clinic.
- 3.2. This SOP applies to all staff working in the MHC. Note that this SOP covers only referral procedures for EBP groups, and does not apply to **all** clinic groups. For process and interpersonal groups, contact the

provider who conducts the group to make referrals into the particular group. Within this clinic, the following groups are considered EBPs and fall under this SOP:

{Fill in all that apply:}

Cognitive Processing Therapy Group

Cognitive Behavioral Therapy for Depression

Transdiagnostic Anxiety Disorder Group

Stress Management Group

Anger Management Group

3.3. Note that a current Group schedule is available on the shared drive at: [fill in the location].

4. Procedures.

4.1. Referral procedures.

4.1.1. Providers should be aware of the range of group therapy options within the clinic and consider inclusion and exclusion criteria when referring to EBP groups. This information is clearly noted on the information sheet in the group therapy binder.

4.1.1.1. General exclusion criteria for an EBP group include: active severe substance use disorder, current florid psychosis, etc.

4.1.1.2. SI/HI are NOT a standard exception. In these cases, providers are to follow regular risk procedures, and refer to appropriate EBP group unless contraindicated.

4.1.1.3. If you wish to have a patient attend an EBP group and they do not meet the inclusion criteria (e.g., placing a non-PTSD patient into the CPT group), you will need to clear this with the group instructor.

4.1.2. The referring provider should discuss the group referral with the patient, giving them a realistic understanding of the format and expectations for group attendance.

4.1.3. The referring provider fills out the Scheduling Form to identify to which group the patient is referred (see Scheduling Form procedure for additional information).

4.1.4. Upon receipt of the Scheduling form, the BHT will then add patient to Group Referral binder list.

4.1.4.1. Whenever possible, the BHT will also discuss the group referral and group process/expectations.

4.1.4.2. Note that some groups may require that patients are screened before being able to attend the group therapy. BHTs will conduct a screening according to the SOP/OI for group therapy screenings.

4.2. Clinical and administrative responsibility for patients who are attending EBP groups.

4.2.1. Within the clinic, EBP groups are offered as a service to all clinic patients by a number of providers. Referral into an EBP group does not constitute a transfer of care for a patient, and the referring provider remains the primary provider for their patient. This is the case regardless of whether the EBP provider has seen the patient more often.

4.2.2. Primary providers remain responsible for the following administrative and clinical areas:

- a. Any necessary command consultation
- b. Treatment planning and determination of disposition
- c. Initiation of Medical Evaluation Boards
- d. Group providers can supply a short summary of the patient's group therapy experiences for the MEB
- e. Handling any walk-in crises appointments for the patient

4.3. Group Referral Binder Procedures.

4.3.1. The Group Referral Binder must be kept in the [front office administrative] area, and should be treated as other documents containing PHI. As part of the clinic closing down procedures at the end of each work day, the front office staff will be responsible for ensuring that the binder is locked securely in the [High Interest File Cabinet] or another secure location.

4.3.2. Note that some groups will fill have all slots filled, and there will be no room for new patients on the referral sheet. If the EBP group form is filled, do not over book the group. Patients should be added to a new sheet, and will be able to attend the group once the next iteration of the EBP group starts.

4.3.2.1. If a patient drops out before the start of the current group, BHTs can call patients on the list for the next group to determine whether they can move up the dates for attending the group.

4.4. EBP Group Management Procedures.

4.4.1. Preparations for group

4.4.1.1. Group leaders are responsible for collecting or reviewing their referral sheets prior to the start of the group session.

4.4.1.2. Behavioral Health Techs. Task: (timeframe)

4.4.1.2.1. Book patients into CHCS: (X days ahead). Using the group therapy referral sheets, the BHT will ensure that patients referred to the group are booked into CHCS.

4.4.1.2.2. Verify patients can attend first session by calling them: (1-2 days ahead of initial session). This call is also used to re-affirm expectations about the group, to include:

- a. Attendance

- b. Homework
 - c. Number of sessions
 - d. Start date
 - e. Times (Including arriving 10-15 minutes before group starts to complete outcome measures)
 - 4.4.1.2.3. Conduct group screening for any groups that require it: (2-3 days ahead of initial session).
 - 4.4.1.2.4. Assemble materials: (1-2 hours before group)
 - a. For instructors
 - b. Handouts for patients/pens
 - 4.4.1.2.5. Tech will be in group room 15 minutes before the start of group to help with preparations.
- 4.4.2. In session-BHT:
 - 4.4.2.1. Pass out any OMs that are required for the group, ensuring that patients are able to complete and give back the measures.
 - 4.4.2.2. Complete tracking form (insert full name of Toolkit item), noting all of the following:
 - a. Outcome measure scores
 - b. Homework and participation
 - c. MMSE
 - d. Behavioral observations
 - e. Risk
 - f. Plan for upcoming sessions
 - 4.4.2.3. Co-facilitate the group to degree agreed upon with provider.
- 4.4.3. Post session BHT will:
 - 4.4.3.1. Debrief with provider, if necessary.
 - 4.4.3.2. Draft notes:
 - 4.4.3.2.1. Use EBP note template designed for the particular group.
 - 4.4.3.2.2. Use information from the tracking form (insert full name of Toolkit item).
 - 4.4.3.2.3. Provide the completed session note template to the EBP group provider.
 - 4.4.3.3. BHT will score and enter all OM data into clinic tracking resource.

- 4.4.4. Provider will add clinical information where appropriate and enter the information into the patient's medical record.

4.5. Handling Group Absences.

- 4.5.1. When patients referred to an EBP group do not attend the group session, either the group leader or BHT will call the patient to discuss his/her absence. If the patient indicates they will not be attending the group any longer, the group leader or BHT will inform the primary provider of this change in services.
- 4.5.2. The primary provider should then reach out to the patient to schedule an individual follow-up to discuss disposition.
- 4.5.3. The primary provider updates the treatment plan and AHLTA notes to indicate the patient is no longer attending the EBP group.

4.6. Handling non-compliance or disruptive behaviors.

- 4.6.1. Patients attending an EBP group who do not complete homework assignments or are disruptive to the group process can be dropped by the instructor.
 - 4.6.1.1. The Group instructor will send an email to the primary provider stating the reason/s the patient was dropped from the group.
 - 4.6.1.2. If a patient is dropped from group, he/she should follow up with their primary provider.

4.7. Successful completion of EBP Groups.

- 4.7.1. Upon completion of an EBP group, the following will occur:
 - 4.7.1.1. Patient will be asked to complete a group therapy evaluation form.
 - 4.7.1.2. The electronic medical record will be updated, documenting completion of the group.
 - 4.7.1.3. The patient contacts their primary provider for any additional follow-up.
 - 4.7.1.4. Recommendations for attending other groups [some clinics may choose to not allow patients to self-refer into other EBP groups at the end of one group]:
 - 4.7.1.4.1. Group leaders can recommend other EBP groups – CPT, CBT-D, CBT-I, CBT for anxiety.

- 4.7.1.4.2. Group leaders can let patients know if they might benefit from completing another cycle of the same EBP group to continue to build on their skills.

Use of Scheduling Form

- At the end of each session, providers will complete the clinic's Scheduling Form. This form should be used to initiate a referral to a listed group, or to schedule a follow-up appointment for individual psychotherapy or medication management. Providers will also indicate any outcome measures that need to be given at the next appointment by circling the measures on the form (e.g., PCL-5, PHQ-9, etc.).
- Providers will hand the form to the patient, who will then bring the form to the front desk staff to schedule the next appointment for the patient.
- After collecting the Scheduling Form from patients, Front office staff will perform the following:
 - If referred to a group, get the Group Therapy Referral Binder (kept in front office administrative area). Locate the group the patient is referred to and ask a member to take a picture of the group flyer (located on the front sleeve of the document protector) or give them a copy of the flyer. Front office staff will record the group start date and time on the backside of the Scheduling Form. They will then record necessary information on the referrals list (located on the backside of the document protector) to include:
 - Date of referral
 - Name of referring provider
 - First and last name of patient
 - Last 4 of patient's SSN
 - Cell/home contact number
 - Work contact number
 - If the Scheduling Form identifies a follow-up session is needed with the provider, please schedule the patient accordingly (i.e., if the form requests that the patient be scheduled in two weeks, then look for availability in that time frame. If no appointment is available in the requested timeframe, then call the provider to inquire about the next step in scheduling. For instance, the provider may want to create an appointment in two weeks or schedule the patient further out.).
 - If the Scheduling Form requests an appointment be scheduled with psychiatry, the front office staff will inquire about whether the patient is already seeing a psychiatrist. If yes, then schedule the patient for the next available follow-up appointment with that psychiatrist. If no, then look for the next available intake with psychiatry.
 - If the Scheduling Form lists any measures to be given at the next appointment with the provider, then please include these on the comments section when booking the appointment in CHCS.
 - Check the Scheduling Form for any additional comments from the provider and if questions are present, then call the provider for clarification or follow-up.
- Scheduling Forms will be returned to the patient upon completion of the above process, serving as a reminder of their next appointment(s) and as a reference for crisis response plans (if needed).

