

Distribution of Mental Health Clinical Reminders Dialog Templates

Version 1.0

Requirements Specification Document



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Revision History

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Table of Contents

1.	Introduction.....	1
1.1.	Document Content	2
1.2.	Purpose	2
1.3.	Scope.....	2
1.4.	As Is Configuration	3
1.5.	To Be Configuration	4
1.6.	Acronyms and Definitions	5
1.6.1.	Acronyms	5
1.6.2.	Definitions	7
1.7.	References	8
2.	Overall Specifications	9
2.1.	Accessibility Specifications	13
2.2.	Business Rules Specifications	13
2.3.	Design Constraints Specifications	14
2.4.	Disaster Recovery Specifications	14
2.5.	Documentation Specifications	15
2.6.	Functional Specifications	15
2.6.1.	Prolonged Exposure Individual Therapy (PEI)	15
2.6.2.	Cognitive Processing Individual Therapy (CPT)	54
2.6.3.	Cognitive Behavioral Therapy (CBT).....	133
2.6.4.	Acceptance and Commitment Therapy (ACT).....	160
2.6.5.	Social Skills Training (SST)	185
2.6.6.	CBT - Insomnia (CBT-I).....	194
2.6.7.	Behavioral Family Therapy (BFT)	216
2.7.	Graphical User Interface (GUI) Specifications	237
2.8.	Multi-Divisional Specifications.....	237
2.9.	Performance Specifications	237
2.10.	Quality Attributes Specifications	237
2.11.	Reliability Specifications	237
2.12.	Scope of Integration.....	237
2.13.	Security Specifications	237
2.14.	System Features.....	237
2.15.	Usability Specifications	237
3.	Applicable Standards	238
4.	Interfaces.....	238

4.1.	Communications Interfaces	238
4.2.	Hardware Interfaces	238
4.3.	Software Interfaces	238
4.4.	User Interfaces	238
5.	Legal, Copyright, and Other Notices	238
6.	Purchased Components.....	238
7.	User Class Characteristics	239
8.	Estimation	240
9.	Function Point Analysis Results Table	241
10.	Attachment A - Approval Signatures.....	242
11.	Introduction to Appendices	243
12.	Appendix A: PEI Screenshots.....	244
12.1.	PEI 1 Initial Session	244
12.2.	PEI 2 Individual Sessions	246
12.3.	PEI 3 Individual Sessions	249
12.4.	PEI 4 Imaginal Exposure Session	252
12.5.	PEI 5 Final Sessions	255
13.	Appendix B: CPT Screenshots	259
13.1.	CPT 1 Initial Phase	259
13.2.	CPT 2 Meaning Phase	261
13.3.	CPT 3 ABC Phase	263
13.4.	CPT 4 Trauma Phase.....	265
13.5.	CPT 5 Rewrite Phase.....	267
13.6.	CPT 6 Challenging Phase	269
13.7.	CPT 7 Problematic Phase	271
13.8.	CPT 8 Safety Phase	274
13.9.	CPT 9 Trust Phase.....	276
13.10.	CPT 10 Power Phase	278
13.11.	CPT 11 Esteem Phase	280
13.12.	CPT 12 Final Phase.....	282
14.	Appendix C: CBT Screenshots	285
14.1.	CBT 1 Initial Phase	285
14.2.	CBT 2 Middle Phase	287
14.3.	CBT 3 Final Phase	290
15.	Appendix D: ACT Screenshots	292
15.1.	ACT 1 Beginning Phase	292
15.2.	ACT 2 Action Phase	295

15.3.	ACT 3 Closing Phase	299
16.	Appendix E - Social Skill Training Screenshots.....	303
16.1.	SST Goal Setting	303
17.	Appendix F - CBT- Insomnia Screenshots.....	305
18.	Appendix G - Behavioral Family Therapy Screenshots	306

Table of References

Reference 1 - AS-IS Diagram	4
Reference 2 - TO BE Diagram	5
Reference 3 - Acronyms	5
Reference 4 - Definitions	7
Reference 5 - Template Access Steps	10
Reference 6 - Prolonged Exposure CPRS view (Sample)	11

Clinical Reminder Dialog Template Details

Table 1 - Prolonged Exposure Therapy Finding Items Table	16
Table 2 - PEI 1 Template Detail	17
Table 3 - PEI 2 Template Detail	27
Table 4 - PEI 3 Template Detail	34
Table 5 - PEI 4 Template Detail	40
Table 6 - PEI 5 Template Detail	47
Table 7 - Cognitive Processing Therapy Finding Items Table	55
Table 8 - CPT 1 Template Detail	57
Table 9 - CPT 2 Template Detail	64
Table 10 - CPT 3 Template Detail	70
Table 11 - CPT 4 Template Detail	77
Table 12 - CPT 5 Template Detail	83
Table 13 - CPT 6 Template Detail	90
Table 14 - CPT 7 Template Detail	96
Table 15 - CPT 8 Template Detail	102
Table 16 - CPT 9 Template Detail	108
Table 17 - CPT 10 Template Detail	114
Table 18 - CPT 11 Template Detail	120
Table 19 - CPT 12 Template Detail	126
Table 20 - Cognitive Behavioral Therapy Finding Items Table	134
Table 21 - CBT 1 Template Detail	136
Table 22 - CBT 2 Template Detail	144
Table 23 - CBT 3 Template Detail	152
Table 24 - Acceptance and Commitment Therapy for Depression Finding Items Table	161
Table 25 - ACT 1 Template Detail	163
Table 26 - ACT 2 Template Detail	170
Table 27 - ACT 3 Template Detail	178
Table 28 - Social Skill Training Finding Items Table	186
Table 29 - SST Template Detail	188
Table 30 - CBT-I 1 Template Overview	195
Table 31 - CBT- I 2 Template Overview	202
Table 32 - CBT- I 3 Template Overview	206
Table 33 - CBT-I 4 Template Overview	211
Table 34 - BFT 1 Template Overview	217
Table 35 - BFT 2 Template Overview	220
Table 36 - BFT 3 Template Overview	224
Table 37 - BFT 4 Template Overview	228
Table 38 - BFT 5 Template Overview	233

Clinical Reminder Dialog Template Screenshots

Figure 1 - PEI 1 Screenshot #1	244
Figure 2 - PEI 1 Screenshot #2	244
Figure 3 - PEI 1 Screenshot #3	245
Figure 4 - PEI 1 Screenshot #4	245
Figure 5 - PEI 1 Screenshot #5	246
Figure 6 - PEI 2 Screenshot #1	246
Figure 7 - PEI 2 Screenshot #2	247
Figure 8 - PEI 2 Screenshot #3	247
Figure 9 - PEI 2 Screenshot #4	248
Figure 10 - PEI 2 Screenshot #5	248
Figure 11 - PEI 2 Screenshot #6	249
Figure 12 - PEI 3 Screenshot #1	249
Figure 13 - PEI 3 Screenshot #2	250
Figure 14 - PEI 3 Screenshot #3	250
Figure 15 - PEI 3 Screenshot #4	251
Figure 16 - PEI 3 Screenshot #5	251
Figure 17 - PEI 3 Screenshot #6	252
Figure 18 - PEI 4 Screenshot #1	252
Figure 19 - PEI 4 Screenshot #2	253
Figure 20 - PEI 4 Screenshot #3	253
Figure 21 - PEI 4 Screenshot #4	254
Figure 22 - PEI 4 Screenshot #5	254
Figure 23 - PEI 4 Screenshot #6	255
Figure 24 - PEI 5 Screenshot #1	255
Figure 25 - PEI 5 Screenshot #2	256
Figure 26 - PEI 5 Screenshot #3	256
Figure 27 - PEI 5 Screenshot #4	257
Figure 28 - PEI 5 Screenshot #5	257
Figure 29 - PEI 5 Screenshot #6	258
Figure 30 - PEI 5 Screenshot #7	258
Figure 31 - CPT 1 Screenshot #1	259
Figure 32 - CPT 1 Screenshot #2	259
Figure 33 - CPT 1 Screenshot #3	260
Figure 34 - CPT 1 Screenshot #4	260
Figure 35 - CPT 1 Screenshot #5	261
Figure 36 - CPT 2 Screenshot #1	261
Figure 37 - CPT 2 Screenshot #2	262
Figure 38 - CPT 2 Screenshot #3	262
Figure 39 - CPT 2 Screenshot #4	263
Figure 40 - CPT 3 Screenshot #1	263
Figure 41 - CPT 3 Screenshot #2	264
Figure 42 - CPT 3 Screenshot #3	264
Figure 43 - CPT 3 Screenshot #4	265
Figure 44 - CPT 4 Screenshot #1	265
Figure 45 - CPT 4 Screenshot #2	266
Figure 46 - CPT 4 Screenshot #3	266
Figure 47 - CPT 4 Screenshot #4	267
Figure 48 - CPT 5 Screenshot #1	267
Figure 49 - CPT 5 Screenshot #2	268
Figure 50 - CPT 5 Screenshot #3	268
Figure 51 - CPT 5 Screenshot #4	269
Figure 52 - CPT 6 Screenshot #1	269
Figure 53 - CPT 6 Screenshot #2	270
Figure 54 - CPT 6 Screenshot #3	270

Figure 55 - CPT 6 Screenshot #4	271
Figure 56 - CPT 7 Screenshot #1	271
Figure 57 - CPT 7 Screenshot #2	272
Figure 58 - CPT 7 Screenshot #3	272
Figure 59 - CPT 7 Screenshot #4	273
Figure 60 - CPT 8 Screenshot #1	274
Figure 61 - CPT 8 Screenshot #2	274
Figure 62 - CPT 8 Screenshot #3	275
Figure 63 - CPT 8 Screenshot #4	275
Figure 64 - CPT 9 Screenshot #1	276
Figure 65 - CPT 9 Screenshot #2	276
Figure 66 - CPT 9 Screenshot #3	277
Figure 67 - CPT 9 Screenshot #4	277
Figure 68 - CPT 10 Screenshot #1	278
Figure 69 - CPT 10 Screenshot #2	278
Figure 70 - CPT 10 Screenshot #3	279
Figure 71 - CPT 10 Screenshot #4	279
Figure 72 - CPT 11 Screenshot #1	280
Figure 73 - CPT 11 Screenshot #2	280
Figure 74 - CPT 11 Screenshot #3	281
Figure 75 - CPT 11 Screenshot #4	281
Figure 76 - CPT 12 Screenshot #1	282
Figure 77 - CPT 12 Screenshot #2	282
Figure 78 - CPT 12 Screenshot #3	283
Figure 79 - CPT 12 Screenshot #4	283
Figure 80 - CPT 12 Screenshot #5	284
Figure 81 - CBT 1 Screenshot #1	285
Figure 82 - CBT 1 Screenshot #2	285
Figure 83 - CBT 1 Screenshot #3	286
Figure 84 - CBT 1 Screenshot #4	286
Figure 85 - CBT 1 Screenshot #5	287
Figure 86 - CBT 2 Screenshot #1	287
Figure 87 - CBT 2 Screenshot #2	288
Figure 88 - CBT 2 Screenshot #3	288
Figure 89 - CBT 2 Screenshot #4	289
Figure 90 - CBT 2 Screenshot #5	289
Figure 91 - CBT 3 Screenshot #1	290
Figure 92 - CBT 3 Screenshot #2	290
Figure 93 - CBT 3 Screenshot #3	291
Figure 94 - CBT 3 Screenshot #4	291
Figure 95 - ACT 1 Screenshot #1	292
Figure 96 - ACT 1 Screenshot #2	292
Figure 97 - ACT 1 Screenshot #3	293
Figure 98 - ACT 1 Screenshot #4	293
Figure 99 - ACT 1 Screenshot #5	294
Figure 100 - ACT 1 Screenshot #6	294
Figure 101 - ACT 1 Screenshot #7	295
Figure 102 - ACT 2 Screenshot #1	295
Figure 103 - ACT 2 Screenshot #2	296
Figure 104 - ACT 2 Screenshot #3	296
Figure 105 - ACT 2 Screenshot #4	297
Figure 106 - ACT 2 Screenshot #5	297
Figure 107 - ACT 2 Screenshot #6	298
Figure 108 - ACT 2 Screenshot #7	298
Figure 109 - ACT 2 Screenshot #8	299
Figure 110 - ACT 3 Screenshot #1	299

Figure 111 - ACT 3 Screenshot #2	300
Figure 112 - ACT 3 Screenshot #3	300
Figure 113 - ACT 3 Screenshot #4	301
Figure 114 - ACT 3 Screenshot #5	301
Figure 115 - ACT 3 Screenshot #6	302
Figure 116 - SST Screenshot #1	303
Figure 117 - SST Screenshot #2	303
Figure 118 - SST Screenshot #3	304
Figure 119 - SST Screenshot #4	304

1. Introduction

The Office of Mental Health Services (OMHS) has requested the development of clinical reminder dialog templates that will be used for Evidence Based Therapy (EBT) protocols for the treatment of mental health conditions including, but not limited to, depression and Post-Traumatic Stress Disorder (PTSD). They are requesting the distribution of these templates in order to nationalize the data captured and to monitor the effectiveness of the therapies. There have been no new functionalities created nor are there any software or hardware modifications required of VistA or CPRS. These dialog templates will utilize health factors for tracking a number of elements associated with the therapy protocols.

Use of these national reminder dialog templates will facilitate requests in support of the 'Improve Veterans Mental Health (IVMH)' major initiative, which is part of the 16 major initiatives identified by the Department of Veterans Affairs (VA) as the highest priority for the department.

The Business Requirements Document (BRD) 'Mental Health Evidence Based Therapy Reminder Dialog Templates Request #20100705' identified a total of seventeen (17) Evidence Based Therapy (EBT) protocols that required national dialog templates. Of the 17 identified in the BRD, this RSD details the:

1. Prolonged Exposure Individual Therapy (PEI) *(detailed in section 2.6.1)*
2. Cognitive Processing Individual Therapy (CPT) *(detailed in section 2.6.2)*
3. Cognitive Behavioral Therapy (CBT) *(detailed in section 2.6.3)*
4. Acceptance and Commitment Therapy (ACT) *(detailed in section 2.6.4)*
5. Social Skills Training *(detailed in section 2.6.5)*
6. Cognitive Behavioral Therapy for Insomnia (CBT - I) *(detailed in section 2.6.6)*
7. Behavioral Family Therapy (BFT) *(detailed in section 2.6.7)*

While the primary purpose of clinical reminders has been to remind clinicians to complete specific clinical tasks for individual patients at the point of care, field staff have found a variety of other uses for this program, such as:

- (1) Reminder reports have been used to identify patients for whom a specific task has not been completed allowing staff to follow-up on an individualized basis.
- (2) Reminders have been used to assist in the completion of administrative tasks such as enrollment of a patient in Primary Care Management Module.
- (3) Clinical Reminder software allows documentation of care received outside VHA to be recorded in a format that is readily located in CPRS, through the use of electronic data components that exist in Patient Care Encounter software such as health factors, education topics, exams, and treatments.
- (4) Use of these electronic data components allows identification of patients with specific clinical characteristics that are not readily captured by other components of the record. For example, health factors used to identify patients who served in a particular conflict or who are in different stages of a disease can contribute to improved care for special populations, as well as assisting in research efforts.
- (5) The ability of the software to generate reports provides a powerful tool for measuring performance without the need for individual chart review.
- (6) Performance measurement using clinical reminder reports can include the entire population of a medical center, clinic, or primary care team, without relying on sampling, and can include information about care received outside VHA.

1.1. Document Content

This RSD details the content of the developed templates in the Section 2.6 '*Functional Specifications.*' The content of each subsections have been laid out as follows:

- Introduction to the protocol and the identification of the templates developed in support of the requirements.
- A detailed table of the Health Factors that are generated for each selectable item on the templates.
- A detailed table of the content of each template:
 - the position (sequence) of the module within the template,
 - the caption that is displayed to the clinician,
 - if the caption is a dialog group or dialog element,
 - if the selectable caption is a checkbox or radio button,
 - if there is a box around the content or any component of the module,
 - the placement of the content (number of indents from the frame) on the template,
 - what is expected after the selection is made,
 - if the response includes additional fields for text notes, comments or responses,
 - what appears in the progress note and any alternate information that appears on the progress notes.

In addition, screenshots of all of the templates have been included in the Appendices. The screenshots are supplied for display purposes only.

All of the above together are used to develop and manage the content of the clinical reminder dialog templates.

Note: *For CBT-Insonnia and Behavioral Family Therapy the templates have not been developed as of release of this RSD. The information supplied for each of these are supplied as high level and are to be used for review purposes only.*

1.2. Purpose

The purpose of the Requirements Specifications Document (RSD) is to document the functional requirements of the clinical reminder dialog templates that the National Clinical Reminders Committee have identified for national distribution.

All of the templates detailed in this document use the existing Clinical Reminder dialog functionalities. No new functionalities have been created to support the protocols.

1.3. Scope

The scope of this RSD is to document the functional specifications of the Evidence Based Therapy Protocol Clinical Reminder Dialog templates and requirements necessary for their national distribution.

These templates will:

- standardize the use of specific Evidence Based Therapy protocols currently being piloted at Department of Veterans Affairs (VA) facilities,

- enable roll up data on a national level to facilitate evaluation of the use of the therapy involved,
- capture patient session data,
- track patient sessions,
- track patient progress

Information entered through the reminder dialog templates update progress notes, generate health factors for research purposes and update patient medical records appropriately.

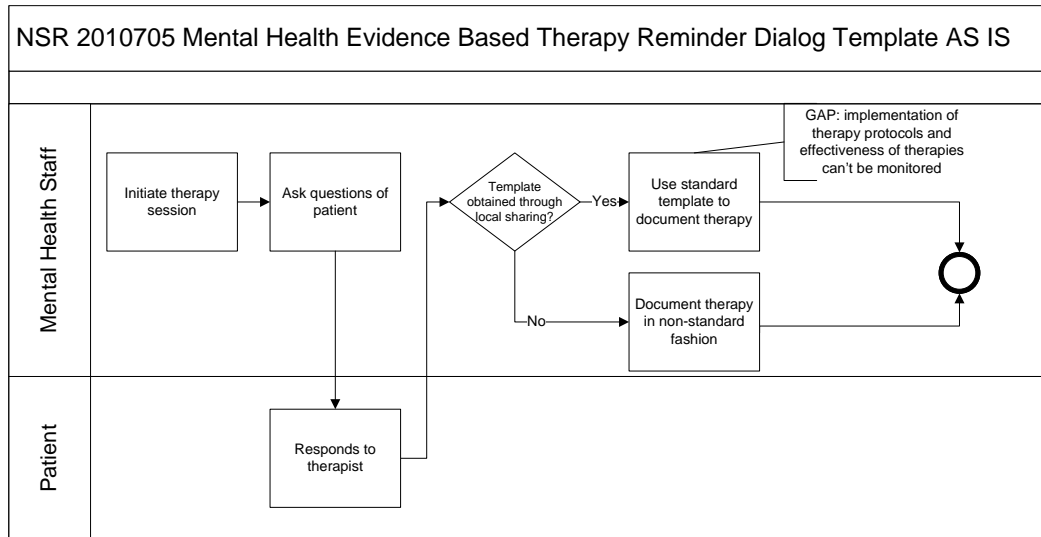
The use of these templates support the adherence to the prescribed protocols and provide a mechanism for tracking the implementation and effectiveness of the therapy protocols.

1.4. As Is Configuration

To date, the majority of reminders have been developed and implemented at the medical center or Veterans Integrated Service Network (VISN) level. A small number of clinical reminders have been developed nationally with use mandated through a specific VHA Directive, and implemented through nationally developed software patches. Creation of reminders at the medical center and VISN level has allowed widespread familiarity with clinical reminder software and fostered innovation in reminder development. However, now after several years experience in VHA with reminders, it is found that many reminders are quite similar in their design and logic. The draw-backs of local development include the fact that the design and construction of reminders can be time consuming and require considerable effort by scarce staff with specialized skills. There is significant inefficiency in recreating similar reminders multiple times across the system. Many reminders require a high level of expertise in design and construction to accurately reflect the evidence-based guidelines. The level of local expertise varies which results in some sites having well-developed reminders while others having reminders that are poorly constructed. Optimal design of the user interface for clinical reminders also involves significant human factors engineering. Some sites have taken care to design reminders so that they can be completed easily and efficiently whereas other sites have reminders which are cumbersome and time consuming to complete. A final, but very important, drawback to local reminders is that they utilize locally-developed electronic data components and are based on locally-determined decision rules; therefore, it is not possible to measure performance nationally using electronic data components such as health factors.

The diagram below depicts the AS-IS process of data for obtaining therapy session information.

REFERENCE 1 - AS-IS DIAGRAM



1.5. To Be Configuration

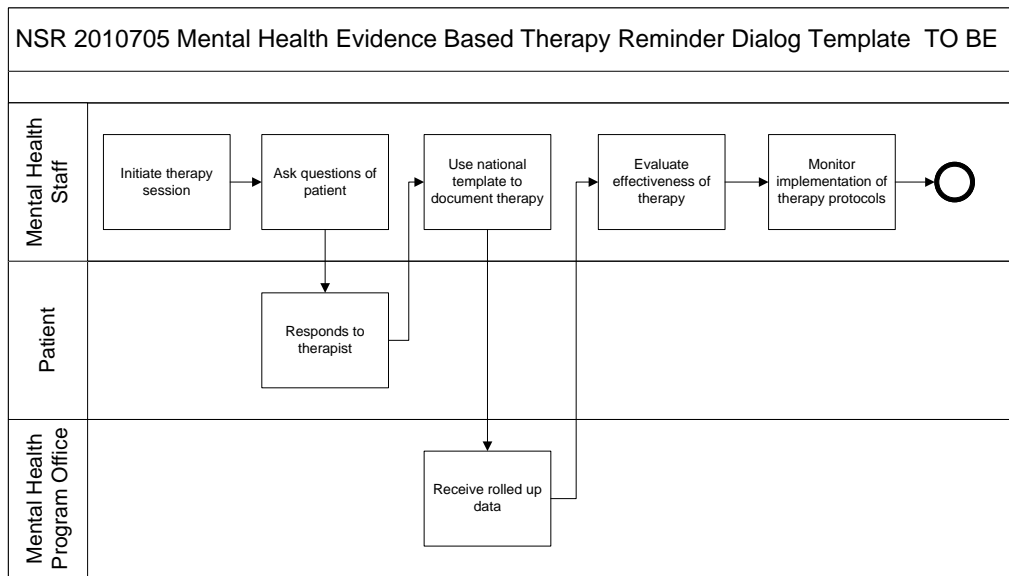
The advantages of system wide collaboration include:

- (1) Increasing efficiency by eliminating the need to develop similar reminders at different medical centers.
- (2) Ensuring that well designed and user friendly reminders are available to all medical centers and all clinicians independent of the level of local expertise.
- (3) Allowing development of performance reports that could be produced at the national, facility, substation, and individual provider level, which are based on the entire population and include information about care received outside VHA. The goal of VHA has been to move to electronic collection of data rather than relying on resource intensive chart review for performance measurement. Standardization of reminder components provides an important contribution to this goal.
- (4) Improving quality of care by facilitating identification of populations of patients with specific needs, thereby assisting in delivery of optimal care.
- (5) Facilitating the implementation of patient-directed clinical reminders, known as “wellness reminders” pointed directly to patients who have a MyHealthVet account.
- (6) Enhancing research efforts by allowing identification of specific populations through the use of electronic data components such as health factors and by allowing collection of discrete data not otherwise electronically identifiable in CPRS across the entire VHA patient population

The national distribution of the approved reminder dialog templates will provide the Office of Mental Health Services (OMHS) the ability to effectively monitor implementation of the therapy protocols’ and evaluate the effectiveness of the therapies. National distribution of the templates will provide all sites the resources available to support adherence to the EBT protocols.

The diagram below depicts the TO BE process for data collected with the use of the clinical reminder dialog templates.

REFERENCE 2 - TO BE DIAGRAM



1.6. Acronyms and Definitions

1.6.1. Acronyms

REFERENCE 3 - ACRONYMS

Term	Definition
ACT	Acceptance and Commitment Therapy
BRD	Business Requirements Document
CBT	Cognitive Behavioral Therapy
CBT - I	Cognitive Behavioral Therapy for Insomnia
CPRS	Computerized Patient Record System
CPRS/CCR	Computerized Patient Record System/Computerized Clinical Reminder Module
EBT	Evidence Based Therapy
EBP	Evidence Based Practice
GUI	Graphical User Interface
HF	Health Factor
IVMH	Improve Veteran Mental Health
MH	Mental Health
MH Assistant	Mental Health Assistant
MHA3	Mental Health Assistant 3 (package)
OMHS	Office of Mental Health Services
PEI	Prolong Exposure Individual Therapy
PCE	Patient Care Encounter
PRF	Patient Record Flag
RSD	Requirements Specification Document
SI/HI	Suicidal Ideation/Homicidal Ideation

Term	Definition
TIU	Text Integration Utility
VA	Department of Veterans Affairs
VAMC	VA Medical Center
VistA	Veterans Health Information System and Technology Architecture

1.6.2. Definitions

REFERENCE 4 - DEFINITIONS

Term	Definition
Component	A component represents the module that is presented in any given template.
Clinical Reminder	A clinical reminder is a software decision support tool that defines evaluation and resolution logic for a given clinical activity. The evaluation logic defines conditions in the database including the presence or absence of specified criteria such as diagnoses, procedures, health factors, medications, or demographic variables (e.g., age, gender). A reminder may or may not require provider resolution, depending on its purpose and design, through a user interface, also known as a reminder dialog. Also, in accordance with the underlying logic, reminders may be used to collect specified patient information that may or may not be related to the dialog.
Dialog Element	A dialog element is defined primarily to represent sentences to display in the CPRS window with a check-box. When the user checks the sentence off, the FINDING ITEM in the dialog element and the ADDITIONAL FINDINGS will be added to the list of PCE updates, orders, Mental Health Notification Purposes, and mental health tests. The updates won't occur on the CPRS GUI until the user clicks on the FINISH button. Dialog elements may have components added to them. Auto-generated components will be based on the additional prompts defined in the Finding Type Parameters. Once a dialog element is auto-generated, the sites can modify them. Dialog elements may also be instructional text or a header. The FINDING ITEM and components would not be defined in dialog elements.
Dialog Group	A dialog group is similar to menu options. It groups dialog elements and dialog groups within its component. The dialog group can be defined with a finding item and a check-box. The components in the group can be hidden from the CPRS GUI window until the dialog group is checked off.
Finding Item	A Finding Item is a piece of information that can be searched by the reminder.
Health Factors	A health factor is a computerized component that captures patient information that for which no standard code exists, such as Family History of Alcohol Abuse, Lifetime Non-smoker, No Risk Factors for Hepatitis C, etc.
Mental Health Assistant	The Mental Health Assistant is a national VA software package that is used for administration and scoring of standardized self report questionnaires and tests. It is integrated with clinical reminders in that mental health assistant instruments can be administered through a reminder dialog. Also the results of a specific instrument overall score, scale score, or specific item response can be used as a finding in reminder logic. This is the mechanism, for presenting questionnaires for screening for common mental health issues such as the AUDIT-C for alcohol misuse.
Prompt	An aid on the screen in the form of a question or statement indicating the options available. Prompts are defined for PCE, MH Notification Purpose, or as locally created comment check-boxes.
PXRM	Clinical Reminder package namespace
Reminder Component	A reminder component is any element, or part thereof, of a reminder, including the reminder's definitions, dialogs, findings, terms, cohort logic

Term	Definition
	or resolution logic.
Reminder Definition	The reminder definition is the internal logic of the reminder. It describes the patients the reminder applies to, how often it is given, and what resolves or satisfies the reminder. It is comprised of the predefined set of finding items used to identify patient cohorts and reminder resolutions
Reminder Dialog	The reminder dialog is the display, which is seen by the user in the CPRS Graphical User Interface (GUI), when opening a reminder. Reminder dialogs are used in CPRS to allow clinicians to select actions that satisfy or resolve reminders for a patient. Information entered through reminder dialogs updates progress notes, places orders, and updates other data in the patient's medical record. A reminder dialog is created by the assembly of components in groups into an orderly display.
Reminder Finding	Reminder finding is a type of data element in the Veterans Health Information and Technology Architecture (VistA) that determines a reminder's status.
Reminder Term	A reminder term is a predefined finding item(s) that are used to map local findings to national findings, providing a method to standardize these findings for national use.
Result Element	A result element contains special logic that uses information entered during the resolution process to create a sentence to add to the progress note. The special logic contains a CONDITION that, when true, will use the ALTERNATE PROGRESS NOTE TEXT field to update the progress note. A separate result element is used for each separate sentence needed. The result element is only used with mental health test finding items. Default result elements are distributed for common mental health tests, prefixed with PXR and the mental health test name. Sites may copy them and modify their local versions as needed.
Result Group	A result group contains all of the result elements that need to be checked to create sentences for one mental health test finding. The dialog element for the test will have its RESULT GROUP/ELEMENT field defined with the result group. Default result groups for mental health tests are distributed with the Clinical Reminders package. Sites may copy them and modify their local versions as needed.
Term	A TERM is a collection of findings grouped together to make one concept.
TIU	Text Integration Utilities (TIU) simplifies the access and use of clinical documents for both clinical and administrative VAMC personnel, by standardizing the way clinical documents are managed. TIU accepts document input from a variety of data capture methodologies. Those initially supported are transcription and direct entry. TIU allows upload of ASCII formatted documents into VISTA.

1.7. References

The following references were used as sources of information for this RSD:

- Mental Health Evidence Based Therapy Reindeer Dialog Templates (Request #20100705)
Business Requirements Document, dated August 2012

- VHA 2007 eHealth University Innovations for Generations Class # 157 presentation
- Patient Safety Minutes 05/26/2010 - NSR Screening Summary
- VHA Directive 2008-084 'National Clinical Reminder Program', December 16, 2008
- MH Initiatives memo, Deputy Undersecretary of Health Operations and Management, June 1, 2007
- Mental Health Assistant
[REDACTED]
- Perlin, Jonathan B. VHA Strategies- Eight for Excellence , July 2005 [REDACTED]
- Power for Performance. Retrieved from: [REDACTED]
- VA Initiative Summary: Improve Veteran Mental Health [REDACTED]
[REDACTED]
- VA Initiatives
[REDACTED]
- VA Software Document Library:
[REDACTED]
- Clinical Reminders Manager's Manual (PXRM_2_MM.PDF)
[REDACTED]

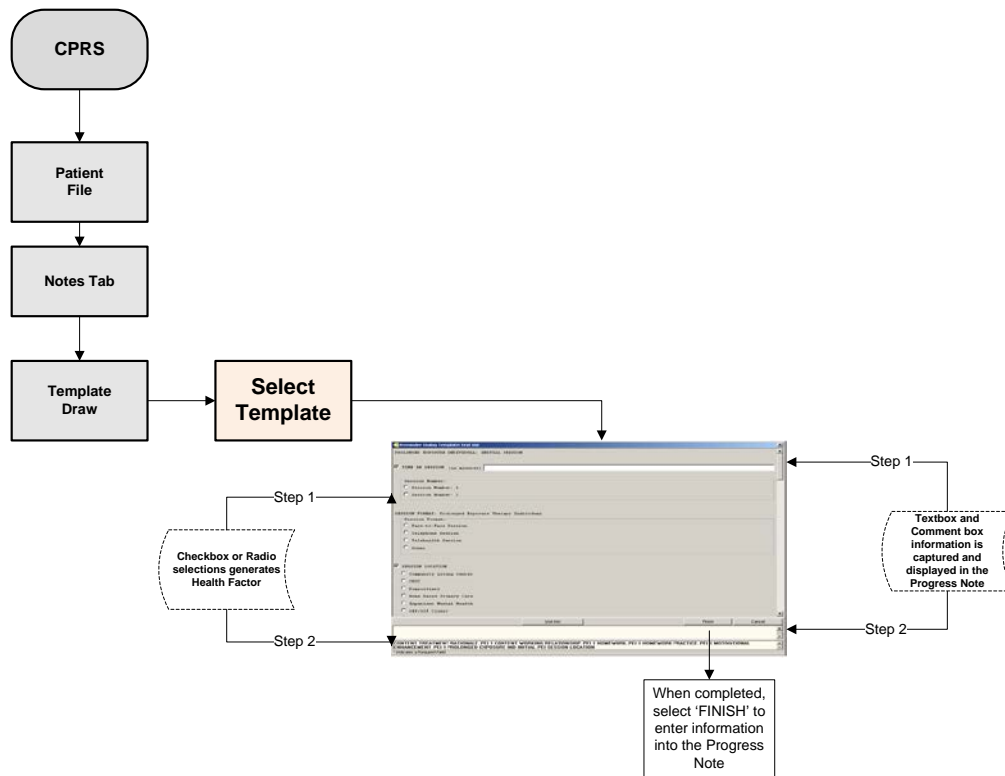
2. Overall Specifications

Clinical reminders are decision support tools that assist health care providers and health care systems to implement recommended actions and practices. Reminders can direct clinicians to perform certain tests or to provide treatments appropriate for specific populations. Reminders are particularly useful for ensuring completion of tasks that may be overlooked while attending to more acute issues or specific patient concerns. Electronic clinical reminders can also allow providers to easily view when certain tests or evaluations were performed, as well as documenting when the associated care has been delivered

The clinical reminder dialog templates allow facilities to gather the most complete therapy session data in the evaluation and treatment of major mental health conditions.

The mental health professional / clinician will have access to the nationally approved dialog templates through the CPRS Clinical Reminder Template Drawer. These templates walk the clinician and patient through a series of questions that are used by the VAMC (facility) and the OMHS to evaluate therapies. Information is captured in CPRS Progress Notes via word processing textboxes or PXRM comment fields. Health factors are created for information about a patient that does not exist elsewhere in VistA or CPRS.

REFERENCE 5 - TEMPLATE ACCESS STEPS



The clinician accesses the templates through the CPRS GUI at their facility. The templates are located in the patient folder CPRS Notes under the Reminder Drawer tab. The clinician selects the appropriate template associated with the protocol and session to be conducted. The clinician opens the session template and conducts the therapy session with the patient while answering a combination of questions until the session is completed. TIU accepts data collected and allows upload of ASCII formatted documents into VISTA. All data collected is included in a progress note and health factors are generated with every selection.

Completing the reminder dialog will cause a progress note to be created and Health Factors will be populated in PCE. These health factors will be used by future reminder definition evaluation to indicate that the reminder is resolved.

Reference 6 below shows the layout of a PEI template.

REFERENCE 6 - PROLONGED EXPOSURE CPRS VIEW (SAMPLE)

The screenshot displays a software interface for a Prolonged Exposure CPRS View. On the left, a 'Template Title' pane lists various templates, including 'New Note in Progress', 'Oct 11, 11: MENTAL HE...', 'All unsigned notes for FINKE LST', 'Oct 07, 11: MENTAL HE...', 'Apr 05, 11: MENTAL HE...', 'Apr 04, 11: MENTAL HE...', 'Mar 20, 11: ADVANCE DI...', 'All signed notes', 'Mar 20, 11: ADVANCE DI...', 'Mar 20, 11: Advance Rea...', and 'Aug 30, 10: MENTAL HE...'. A 'Modules' pane is also visible. The main area shows a detailed view of the 'Prolonged Exposure Individual: Initial Session' template. This view includes fields for 'TIME IN SESSION (in minutes)' (set to 55), 'Session Number' (with options for 1 and 2), 'SESSION FORMAT: Prolonged Exposure Therapy Individual' (with options for Face-to-Face, Telephone, Telehealth, and Other), 'SESSION LOCATION' (Primary or Secondary), 'DIAGNOSIS' (Primary and Secondary), and 'ASSESSMENT'. At the bottom, there are buttons for 'View Info', 'Finish', and 'Cancel', and a status bar indicating 'Health Factors: PEI 1 ADD'L SSN INFO, PEI 1 CONTENT SESSION, PEI 1 PROLONGED EXPOSURE IND INITIAL'.

Template Modules for PEI, CBT, ACT, CPT, SST, CBT-I and BFT

All of the templates have been built in a modular fashion. Each protocol uses the same 15 modules. Though the content of the modules vary from protocol to protocol the lead dialog group or dialog element remains the same. Listed below are the 15 modules that were used to develop the templates for PEI, CBT, ACT, CPT, SST, CBT-I and BFT.

The list of Health factors generated by the protocols are detailed in tables in each subsections (2.6.1 - 2.6.5). Health factors for CBT-I and BFT are not available at this time.

1. TIME IN SESSION	2. SESSION NUMBER
3. SESSION FORMAT	4. SESSION LOCATION
5. DIAGNOSIS	6. ASSESSMENT
7. RISK INFORMATION	8. MENTAL STATUS/BEHAVIORAL OBSERVATION
9. OTHER RELEVANT ASSESSMENT	10. SESSION CONTENT
11. PRACTICE ASSIGNMENT	12. MOTIVATIONAL ENHANCEMENT
13. DEGREE OF COLLABORATION	14. ADDITIONAL SESSION INFORMATION SECTION
15. PLAN	

STANDARDIZED TEXT FOR ALL EBT PROGRESS NOTE / DIALOG TEMPLATES

The PEI, CBT, ACT, CPT and SST high level template text are shown below. Modifications are detailed in the individual subsections.

The CBT-I and BFT high level template text are found in subsections 2.6.6 (CBT-I) and 2.6.7 (BFT).

TIME IN SESSION (in minutes): [Number BOX]

SESSION NUMBER: [Check Box] [PICK LIST: Session #'s inserted here]

SESSION FORMAT: [Check Box]

- ☐ Face-to-Face Session
- ☐ Telephone Session
- ☐ Video Telehealth Session
- ☐ Other (Display Only: Type of Session:) [TEXT BOX]

SESSION LOCATION: (*DISPLAY ONLY: Pick one location*)

- ☐ Community Living Center
- ☐ Community Based Outpatient Clinic
- ☐ Domiciliary
- ☐ Inpatient Mental Health Unit
- ☐ OEF/OIF/OND Clinic
- ☐ Mental Health Clinic
- ☐ Mental Health Residential Rehabilitation and Treatment Program
- ☐ MHICM
- ☐ Veteran Residence - Home Based Primary Care
- ☐ Veteran Residence - Other
- ☐ PTSD Clinical Team
- ☐ Primary Care
- ☐ Substance Use Disorder Clinic
- ☐ PRRC/Day Treatment
- ☐ Polytrauma Clinic
- ☐ MST Clinic
- ☐ Community/Non-VA
- ☐ Other (Display only: Please specify:) [TEXT BOX]

DIAGNOSIS:

- Primary (focus of treatment): [TEXT BOX]
- Secondary (if applicable): [OPTIONAL TEXT BOX]

ASSESSMENT:

RISK INFORMATION: (*DISPLAY ONLY: Please note any indication of SI/HI and any other relevant risk information and complete local suicide note template if appropriate*) [TEXT BOX]

MENTAL STATUS/BEHAVIORAL OBSERVATION: (*DISPLAY ONLY: Please note any relevant mental status factors and/or behavioral observations*) [TEXT BOX]

OTHER RELEVANT ASSESSMENT OBSERVATION (*DISPLAY ONLY: Please note any additional structured or clinical assessment information relevant to this session (e.g., cultural/spiritual influences, substance use, etc.)*) [TEXT BOX]

SESSION CONTENT:

Varies by EBP

PRACTICE ASSIGNMENT: [Check Box]

Varies by EBP

MOTIVATIONAL ENHANCEMENT: [Check Box] (Display only: Check all that apply.)

- ☐ Identified **short-term goals** in several areas of functioning. [OPTIONAL TEXT BOX]
- ☐ Identified the **consequences** or impact of [EBP related diagnosis/treatment focus] (or other symptoms). [OPTIONAL TEXT BOX]
- ☐ Identified the **benefits** of reducing the severity of the [EBP related diagnosis/treatment focus]. [OPTIONAL TEXT BOX]
- ☐ Assessed **attitudes and expectations** for therapy. [OPTIONAL TEXT BOX]
- ☐ Assessed any **barriers to attending therapy** and assisted the Veteran in problem-solving these barriers. [OPTIONAL TEXT BOX]

DEGREE OF COLLABORATION:

The degree of collaboration between the Veteran and the therapist in the current session was: [Check Box]

- ☐ Low
- ☐ Medium
- ☐ High

(Display Only: Please describe the degree of collaboration. If a therapeutic alliance measure was given, please report results here.) [TEXT BOX]

ADDITIONAL SESSION INFORMATION SECTION:

[DISPLAY ONLY] Please include any additional relevant information reported by the Veteran or observed during the session (e.g., what the Veteran learned, level of engagement, or key issues for next session.) [TEXT BOX]

PLAN: [OPTIONAL TEXT BOX]

[Check Box]

- ☐ Next session is scheduled or will be scheduled

[DISPLAY ONLY] Date and time of next session: [OPTIONAL CALENDAR BOX] [OPTIONAL TEXT BOX]

- ☐ Final Session – Early Termination [Check Box]

- ☐ Early completer/symptoms remitted - Veteran and clinician agree that Veteran has achieved a clinically significant drop in symptoms related to the target diagnosis and that additional sessions are not needed at this time. Briefly describe the basis for determination of symptom remission [REQUIRED TEXT BOX]
- ☐ Dropped out/discontinued treatment. Please state reason for discontinuing treatment [REQUIRED TEXT BOX]

2.1. Accessibility Specifications

The Clinical Reminder Dialog Templates will adhere and follow all existing CPRS for Clinical Reminders. A patch will be available for download and can be installed to the template drawer in CPRS.

2.2. Business Rules Specifications

Nationally distributed dialog, element, and group entries have their name prefixed with 'VA-.' Nationally distributed Prompts, Forced Value, Result Groups, and Result Elements have their name prefixed with PXRm. Entries in this file may be auto-generated via the Dialog Management Menu option. Manually created dialog entries will use local name spacing conventions. Nationally distributed entries will have their class type defined as National. Entries created at the VISN level will be defined as VISN and entries created at a site will be defined as Local.

National Reminders, identified by having a CLASS of NATIONAL and a name starting with VA-, cannot be edited. They must be used "as is." If the local site wishes not to use the National Reminder template then they will need to copy to a new name, at which point it becomes local, and then edited to meet their requirements. Sites may change anything in a local reminder definition ONLY. A site will need to create special name spacing for dialog entries that they create locally. Any item created locally can use any type of naming convention.

Dialogs that are auto-generated from a reminder will default to the name of the reminder for ease in identifying the reminder dialog entry. Dialog elements that are auto-generated use the following naming convention: *Finding type prefix_ _Name from finding file_ _Resolution Status.*

Entries prefixed with PXRm are prompts, result groups, and result elements that were distributed with the Clinical Reminders package. The PXRm-prefixed prompts are the additional prompts that can be asked for particular types of PCE findings and WH Notification Purpose. For example: PXRm COMMENT can be added to any PCE file to allow the user to enter an additional COMMENT beyond the dialog element's progress note text, and the PXRm LEVEL OF UNDERSTANDING can only be used with PCE Education Topic findings.

This cross-reference checks to see if the disable value can be deleted from the DISABLE field. Note: deleting the value, i.e., making the field NULL, activates the dialog element. A dialog element can be active only if its findings, orderable items, or additional findings are active.

A complete list of file entries used to define each Reminder Dialog is contained in the file 'Reminder Dialog Dependencies.doc.'

2.3. Design Constraints Specifications

The Clinical Reminder Dialog Templates shall capture a record of all transactions.

The Clinical Reminder Dialog Templates shall have the capability to be accessed through the patients CPRS Progress Notes File.

The Clinical Reminder Dialog Templates shall have the capability of viewing existing or previous assessments.

The Clinical Reminder Dialog Templates supports the Mental Health Operating Plan element C2: *Develop a management system at the local level to support delivery of evidence-based psychotherapy.*

This request furnished mental health staff with the ability to gather the most complete interview data to be used in evaluation and treatment of major mental health conditions.

2.4. Disaster Recovery Specifications

As these are templates only, data that is written to the template is automatically stored in the VistA file. There are no additional disaster recovery requirements for CPRS and VistA.

The templates can be reloaded from the patch file if they become corrupt or unusable for any reason.

2.5. Documentation Specifications

The templates will require all of the regular documentation associated with patch distribution.

Necessary training on the use of the templates will be developed and disseminated by the Mental Health Program Office as applicable.

2.6. Functional Specifications

The following specifications are organized by protocol.

2.6.1. Prolonged Exposure Individual Therapy (PEI)

The Prolonged Exposure Individual Therapy (PEI) templates document the results of the evidence-based psychological technique used to treat individuals who have experienced severe trauma and who are not able to recover without directed psychological intervention.

The clinician uses one of five available templates from the *Prolonged Exposure Individual Therapy* Clinical Reminder Drawer.

The five templates available are:

1. *PEI 1 - INITIAL SESSION*
2. *PEI 2 - INDIVIDUAL SESSION*
3. *PEI 3- INDIVIDUAL SESSION*
4. *PEI 4 - IMAGINAL EXPOSURE SESSIONS*
5. *PEI 5 - FINAL SESSION*

Health Factors created by session have been detailed in the table below. When creating the Dialog Element, use the Finding Item or Additional Finding field for 1) automatic ordering, 2) adding vital measurements, 3) stuffing Education Topics, 4) including immunizations and 5) documenting PEI codes into the PCE.

Refer to Appendix A *Prolonged Exposure Screenshots* for samples of the screenshots.

TABLE 1 - PROLONGED EXPOSURE THERAPY FINDING ITEMS TABLE

Component	PEI 1 HF	PEI 2 HF	PEI 3 HF	PEI HF 4	PEI HF 5
Time in Session - All of the below Health Factors are the same across all of the templates					
PEI 1 TIME IN SESSION					
Session Number	PEI SESSION NUMBER 1 or PEI SESSION NUMBER 2	PEI SESSION NUMBER 2 or PEI SESSION NUMBER 3	PEI SESSION NUMBER 3 or PEI SESSION NUMBER 4	PEI SESSION NUMBER 3 THROUGH PEI SESSION NUMBER 20	PEI SESSION NUMBER 7 THROUGH PEI SESSION NUMBER >20
Session Format - All of the below Health Factors are the same across all of the templates					
<div><div><ul style="list-style-type: none">PEI SESSION FORMAT GPPEI SESSION VIDEO TELEHEALTH</div><div><ul style="list-style-type: none">PEI SESSION FACE TO FACEPEI SESSION OTHER</div><div><ul style="list-style-type: none">PEI SESSION TELEPHONE</div></div>					
Session Location - All of the below Health Factors are the same across all of the templates					
<div><div><ul style="list-style-type: none">PEI SESSION LOCATION GPPEI LOCATION DOMPEI LOCATION OEF/OIFPEI LOCATION PCTPEI LOCATION PRRC</div><div><ul style="list-style-type: none">PEI LOCATION CLCPEI LOCATION HBPCPEI LOCATION MHCPEI LOCATION PCPEI LOCATION OTHER</div><div><ul style="list-style-type: none">PEI LOCATION CBOCPEI LOCATION INPT MHPEI LOCATION RRTPTPEI LOCATION SUD</div></div>					
Diagnosis - All of the below Health Factors are the same across all of the templates					
<div><div><ul style="list-style-type: none">PEI DIAGNOSIS GP</div><div><ul style="list-style-type: none">PEI PRIMARY</div><div><ul style="list-style-type: none">PEI SECONDARY</div></div>					
Assessment - All of the below Health Factors are the same across all of the templates					
<div><div><ul style="list-style-type: none">PEI ASSESSMENT GPPEI ASSESS RISK</div><div><ul style="list-style-type: none">PEI MH PCLCPEI ASSESS MSE</div><div><ul style="list-style-type: none">PEI ASSESS BDI-IIPEI ASSESS OTHER</div></div>					
Session Content	PEI 1 CONTENT SESSION GP PEI 1 CONTENT WORKING RELATIONSHIP GP PEI 1 CONTENT INTRODUCTION GP PEI 1 CONTENT TREATMENT PEI 1 CONTENT TREATMENT RATIONALE PEI 1 CONTENT TRAUMA INTERVIEW PEI 1 CONTENT BREATHING PEI 1 INDEX TRAUMA GP PEI 1 INDEX TRAUMA COMBAT PEI 1 INDEX TRAUMA MST PEI 1 INDEX TRAUMA OTHER	PEI 2 CONTENT SESSION GP PEI 2 CONTENT HMWRK REVIEW PEI 2 CONTENT COMMON REACTIONS PEI 2 CONTENT VIEWING DVD PEI 2 CONTENT EXPOSURE PEI 2 CONTENT SUDS PEI 2 CONTENT HIERARCHY	PEI 3 CONTENT SESSION GP PEI 3 CONTENT HMWRK PEI 3 CONTENT REACTIONS PEI 3 CONTENT IMAGINAL PEI 3 CONTENT EXPOSURE PEI 3 CONTENT PROCESS	PEI 4 CONTENT SESSION GP PEI 4 CONTENT HMWRK PEI 4 CONTENT INTRODUCTION GP PEI 4 CONTENT REVISIT PEI 4 CONTENT PROCESS RATIONALE PEI 4 CONTENT PROCESS HOT SPOTS PEI 4 CONTENT HOT SPOTS RESPONSE	PEI 5 CONTENT SESSION GP PEI 5 CONTENT HMWRK PEI 5 CONTENT FULL MEMORY PEI 5 CONTENT REVISIT PEI 5 CONTENT MEMORY CHANGE PEI 5 CONTENT IN VIVO HIERARCHY PEI 5 CONTENT RELAPSE PREVENT
Motivational Enhancement	PEI 1 MOTIVIATIONAL ENHANCEMENT GP PEI 1 MOTIVIATIONAL ENHANCEMENT GOALS PEI 1 MOTIVIATIONAL ENHANCEMENT CONSEQUENCES PEI 1 MOTIVIATIONAL ENHANCMENT BENEFIT PEI 1 MOTIVIATIONAL ENHANCEMENT ATTITUDE PEI 1 MOTIVIATIONAL ENHANCEMENT BARRIERS	All of the below Health Factors are the same across these templates PEI MOTIVIATION ASSESSED GP PEI MOTIVATION ASSESSED			PEI 5 FINAL GP PEI 5 FINAL PROGRESS PEI 5 FINAL IMPACT
Degree of Collaboration - All of the below Health Factors are the same across all of the templates					
<div><div><ul style="list-style-type: none">PEI COLLABORATIONPEI COLLABORATION HIGH</div><div><ul style="list-style-type: none">PEI COLLABORATION LOWPEI COLLABORATION THERA ALLIANCE GIVEN</div><div><ul style="list-style-type: none">PEI COLLABORATION MED</div></div>					

Component	PEI 1 HF	PEI 2 HF	PEI 3 HF	PEI HF 4	PEI HF 5
Additional Session Information	PEI ADD'L SSN INFO				
Homework	PEI 1 HOMEWORK GP PEI 1 HOMEWORK PRACTICE GP PEI 1 HOMEWORK PRACTICE BREATHING GP PEI 1 HOMEWORK PRACTICE AUDIO GP PEI 1 HOMEWORK PRACTICE RATIONALE PEI 1 HOMEWORK PRACTICE OTHER	PEI 2 HOMEWORK GP PEI 2 HOMEWORK PRACTICE GP	PEI 3 HOMEWORK GP PEI 3 HOMEWORK PRACTICE GP	PEI 4 HOMEWORK GP PEI 4 HOMEWORK PRACTICE GP	NA
Plan - All of the below Health Factors are the same across all of the templates PEI PLAN GP PEI PLAN NEXT APPT					PEI 5 PLAN PEI 5 PLAN COMPLETE PEI 5 PLAN BOOSTER SSN PEI 5 PLAN POST ASSES PEI 5 PLAN REFERRAL PEI 5 PLAN PT AGREE PEI 5 PLAN ADDL INFO

PEI 1 Initial Session - Template Detail:

The below table details the content requirements to develop the PEI 1 template.

TABLE 2 - PEI 1 TEMPLATE DETAIL

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
1	PEI 1 TITLE HEADER	dialog element				PEI 1 PROLONGED EXPOSURE IND INITIAL			PROLONGED EXPOSURE INDIVIDUAL: INITIAL SESSION	
2	00 SPACER BOTH	dialog element					NO		 	
5	PEI TIME IN SESSION	dialog element							TIME IN SESSION	
	PXRM COMMENT	prompt						Comment:		
7	00 SPACER BOTH	dialog element					NO		 	
10	PEI 1 SESSION NUMBER GP	dialog group	Session Number:	YES	2					
	PEI SESSION NUMBER 1	dialog element				PEI SESSION NUMBER 1			Session Number: 1	
	PEI SESSION NUMBER 2	dialog element				PEI SESSION NUMBER 2			Session Number: 2	

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
12	00 SPACER BOTH	dialog element					NO		 	
15	PEI SESSION FORMAT GP	dialog group	Session Format:	YES	2				SESSION FORMAT: Prolonged Exposure Therapy Individual	
	PEI SESSION FACE TO FACE	dialog element				PEI SESSION FACE TO FACE			Face-to-Face Session	
	PEI SESSION TELEPHONE	dialog element				PEI SESSION TELEPHONE			Telephone Session	
	PEI SESSION VIDEO TELEHEALTH	dialog element				PEI SESSION VIDEO TELEHEALTH			Telehealth Session	
	PEI SESSION OTHER	dialog element				PEI SESSION OTHER			Other	
	PXRM COMMENT	prompt						Comment:		
16	00 SPACER BOTH	dialog element					NO		 	
17	PEI SESSION LOCATION	dialog group	Prolonged Exposure		2	PEI SESSION LOCATION			SESSION LOCATION	
	PEI LOCATION CLC	dialog element				PEI LOCATION CLC			Community Living Center	
	PEI LOCATION CBOC	dialog element				PEI LOCATION CBOC			CBOC	
	PEI LOCATION DOM	dialog element				PEI LOCATION DOM			Domiciliary	
	PEI LOCATION HBPC	dialog element				PEI LOCATION HBPC			Home Based Primary Care	
	PEI LOCATION INPT MH	dialog element				PEI LOCATION INPT MH			Inpatient Mental Health	
	PEI LOCATION OEF/OIF	dialog element				PEI LOCATION OEF/OIF			OEF/OIF Clinic	
	PEI LOCATION MHC	dialog element				PEI LOCATION MHC			Mental Health Clinic	
	PEI LOCATION RRTP	dialog element				PEI LOCATION RRTP			MH Residential Rehabilitation Treatment Program (RRTP)	
	PEI LOCATION PCT	dialog element				PEI LOCATION PCT			PTSD Clinical Team	

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
	PEI LOCATION PC	dialog element				PEI LOCATION PC			Primary Care	
	PEI LOCATION SUD	dialog element				PEI LOCATION SUD			Substance Use Disorder Clinic	
	PEI LOCATION PRRC	dialog element				PEI LOCATION PRRC			PRRC/Day Treatment	
	PEI LOCATION COMMUNITY	dialog element				PEI LOCATION COMMUNITY			Community/Non-VA Setting	
	PEI LOCATION OTHER	dialog element				PEI LOCATION OTHER			Other	
	PXRM COMMENT	prompt						Comment:		
20	PEI DIAGNOSIS GP	dialog group	DIAGNOSIS	YES	2				Primary (focus of treatment) or Secondary (if applicable)	Diagnosis:
	PEI DIAGNOSIS PRIMARY	dialog element							Primary Diagnosis:{FLD:EBOX40}	
	PEI DIAGNOSIS SECONDARY	dialog element							Secondary Diagnosis:{FLD:EBOX40}	
22	00 SPACER BOTH	dialog element					NO		 	
25	PEI ASSESSMENT GP	dialog group		YES	2				ASSESSMENT	
	TEXT PTSD EVAL DISPLAY PCLC	dialog element					YES		[PC-PTSD PCL]	
	TEXT PTSD EVAL DISPLAY PCLC PLACE IN NOTE	dialog element					NO		Check here to place scores in note.	
	PEI MH PCLC	dialog element				PCLC	NO		PCL-C	
	PEI ASSESS BDI-II	dialog element				BDI2			BDI - II	
	PEI ASSESS RISK	dialog element							RISK INFORMATION: Please note any indication of SI/HI and any other relevant risk information and complete local suicide note template if appropriate {FLD:BLANK WORD PROCESSING}	

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
	PEI ASSESS MSE	dialog element							MENTAL STATUS/BEHAVIORAL OBSERVATION: Please note any relevant mental status factors and/or behavioral observations {FLD:BLANK WORD PROCESSING}	
	PEI ASSESS OTHER	dialog element							OTHER RELEVANT OBSERVATION: Please note any additional structured or clinical assessment information relevant to this session (e.g., cultural/spiritual influences, substance use, etc.) {FLD:BLANK WORD PROCESSING}	
26	00 SPACER BOTH	dialog element					NO		 	
30	PEI 1 CONTENT SESSION GP	dialog group		YES	2	PEI 1 CONTENT SESSION			SESSION CONTENT: Patient completed session 1 of the Prolonged Exposure therapy protocol. (Place a check next to the items completed during the session and provide explanation for items with text boxes). The following occurred during the session:	SESSION CONTENT: Patient completed session 1 of the Prolonged Exposure therapy protocol. The following occurred during the session:
	PEI 1 CONTENT WORKING RELATIONSHIP	dialog element				PEI 1 CONTENT WORKING RELATIONSHIP			Facilitated a good therapeutic relationship. The following elements helped establish a collaborative, positive working relationship with patient: {FLD:BLANK WORD PROCESSING}	
	00 SPACER NOTE ONLY EL	dialog element								
	PEI 1 CONTENT INTRODUCTION GP	dialog group			2	PEI 1 CONTENT INTRODUCTION			Provided psychoeducation and introduced PE treatment for PTSD to patient, including: 	

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
	PEI 1 CONTENT INTRODUCTION INFO	dialog element				PEI 1 CONTENT INTRODUCTION INFO			Providing information about PE as a treatment option. The following information regarding PE was given: {FLD:BLANK WORD PROCESSING}\\\	
	PEI 1 CONTENT ELEMENTS READINESS	dialog element				PEI 1 CONTENT ELEMENTS READINESS			Discussing patient's readiness to engage in treatment.	
	PEI 1 CONTENT ELEMENTS DISCUSS	dialog element				PEI 1 CONTENT ELEMENTS DISCUSS			Discussing and addressing patient's questions or concerns about treatment. Patient expressed the following concerns: {FLD:BLANK WORD PROCESSING}\\\	
	00 SPACER NOTE ONLY EL	dialog element								
	PEI 1 CONTENT TREATMENT	dialog element				PEI 1 CONTENT TREATMENT			Set treatment plan with set goals and objectives. Patient set the following goals for treatment: {FLD:BLANK WORD PROCESSING}\\\	
	00 SPACER NOTE ONLY EL	dialog element								
	PEI 1 CONTENT TREATMENT RATIONALE	dialog element				PEI 1 CONTENT TREATMENT RATIONALE			Presented treatment rationale, focusing on describing factors that maintain trauma-related fears and symptoms (i.e. avoidance and unhelpful thoughts and beliefs). Also, described key therapeutic elements of PE: Imaginal and in vivo exposure procedures. Patient's response to rationale involved: {FLD:BLANK WORD PROCESSING}\\\	
	00 SPACER NOTE ONLY EL	dialog element								
	PEI 1 CONTENT TRAUMA INTERVIEW	dialog element				PEI 1 CONTENT TRAUMA INTERVIEW			Administered Trauma Interview	

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
	00 SPACER NOTE ONLY EL	dialog element								
	PEI 1 CONTENT BREATHING	dialog group				PEI 1 CONTENT BREATHING			Gave rationale for breathing retraining; teaching breathing retraining, and making a breathing retraining tape for patient.	
	00 SPACER NOTE ONLY EL	dialog element								
35	PEI 1 INDEX TRAUMA GP	dialog group		YES	2				INDEX TRAUMA to be addressed in PE is related to:	
	PEI 1 INDEX TRAUMA COMBAT	dialog element				PEI 1 INDEX TRAUMA COMBAT			Combat	
	PXRM COMMENT	prompt						Comment:		
	PEI 1 INDEX TRAUMA MST	dialog element				PEI 1 INDEX TRAUMA MST			MST	
	PXRM COMMENT	prompt						Comment:		
	PEI 1 INDEX TRAUMA OTHER	dialog element				PEI 1 INDEX TRAUMA OTHER			Other	
	PXRM COMMENT	prompt						Comment:		
36	00 SPACER BOTH	dialog element					NO		 	
37	PEI 1 MOTIVATIONAL ENHANCEMENT	dialog group	Check all that apply		2	PEI 1 MOTIVATIONAL ENHANCEMENT			MOTIVATIONAL ENHANCEMENT	
	PEI 1 MOTIVATIONAL ENHANCEMENT GOALS	dialog element				PEI 1 MOTIVATIONAL ENHANCEMENT GOALS			Identified short-term goals in several areas of functioning.	
	PXRM COMMENT	prompt						Comment:		
	PEI 1 MOTIVATIONAL ENHANCEMENT CONSEQUEN	dialog element				PEI 1 MOTIVATIONAL ENHANCEMENT CONSEQUEN			Identified the consequences or impact of PTSD (or other symptoms)	
	PXRM COMMENT	prompt						Comment:		

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
	PEI 1 MOTIVATIONAL ENHANCEMENT BENEFIT	dialog element				PEI 1 MOTIVATIONAL ENHANCEMENT BENEFIT			Identified the benefits of reducing the severity of the PTSD:	
	PXRM COMMENT	prompt						Comment:		
	PEI 1 MOTIVATIONAL ENHANCEMENT ATTITUDE	dialog group				PEI 1 MOTIVATIONAL ENHANCEMENT ATTITUDE			Assessed attitudes and expectations for therapy.	
	PXRM COMMENT	prompt						Comment:		
	PEI 1 MOTIVATIONAL ENHANCEMENT BARRIERS	dialog element				PEI 1 MOTIVATIONAL ENHANCEMENT BARRIERS			Assessed any barriers to attending therapy and assisted the patient in problem-solving these barriers.	
	PXRM COMMENT	prompt						Comment:		
40	00 SPACER BOTH	dialog element					NO		 	
50	PEI COLLABORATION GP	dialog group		YES	2				DEGREE OF COLLABORATION: The degree of collaboration between the patient and the therapist in the current session was:	
	PEI COLLABORATION LOW	dialog element				PEI COLLABORATION LOW			Low	
	PXRM COMMENT	prompt						Comment:		
	PEI COLLABORATION MED	dialog element				PEI COLLABORATION MED			Medium	
	PEI COLLABORATION HIGH	dialog element				PEI COLLABORATION HIGH			High	
	PEI COLLABORATION THERAPEUT ALLIANCE	dialog element				PEI COLLABORATION THERA ALLIANCE GIVEN			If therapeutic alliance measure was given, please report results here.	
	PXRM COMMENT	prompt						Comment:		
51	00 SPACER BOTH	dialog element					NO		 	

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
60	00 SPACER BOTH	dialog element					NO		 	
65	PEI ADDITIONAL SESSION INFO GP	dialog group	ADDITIONAL SESSION INFORMATION	YES	2					ADDITIONAL SESSION INFORMATION:
	PEI ADD ASSESS SESSION INFO	dialog element				PEI 1 ADD'L SSN INFO	YES		Additional Information about session content and/or behavioral observations, including information about what the patient learned and level of engagement	
	PXRM COMMENT	prompt						Comment:		
67	00 SPACER BOTH	dialog element					NO		 	
70	PEI 1 HOMEWORK GP	dialog group		YES	2	PEI 1 HOMEWORK			HOMEWORK: 	
	PEI 1 HOMEWORK PRACTICE GP	dialog group		NO	2	PEI 1 HOMEWORK PRACTICE			Patient is to complete the following practice items in between sessions:	
	PEI 1 HOMEWORK PRACTICE BREATHING	dialog element				PEI 1 HOMEWORK PRACTICE BREATHING			Practice breathing for 10 minutes, three times a day.	
	PEI 1 HOMEWORK PRACTICE AUDIO	dialog element				PEI 1 HOMEWORK PRACTICE AUDIO			Listen to audiotape of therapy session one time.	
	PEI 1 HOMEWORK PRACTICE RATIONALE	dialog element				PEI 1 HOMEWORK PRACTICE RATIONALE			Read Rationale for Treatment" handout and note questions. "	
	PEI 1 HOMEWORK PRACTICE OTHER	dialog element				PEI 1 HOMEWORK PRACTICE OTHER			Other:	
75	PEI 1 PLAN GP	dialog group		YES	2				PLAN:	
	PEI SCED NEXT SESSION	dialog group		YES	3				Next session is scheduled or will be scheduled	
	PEI 1 PLAN NEXT APPT	dialog element				PEI 1 PLAN NEXT APPT			Next appointment date: {FLD:VA-EDIT BOX 30/80}	
	PEI NEXT APPT DATE	dialog element							Date and time of next session:	
	PEI 1 FINAL SESSION	dialog group			3				Final Session-Early Termination	

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
	PEI 1 PLAN REMIT	dialog element							Early completer/symptoms remitted - Veteran and clinician agree that Veteran has achieved a clinically significant drop in symptoms related to the target diagnosis and that additional sessions are not needed at this time.	
	PEI 1 PLAN DROP	dialog element							Dropped out/discontinued treatment.	

Sample Progress Note (PEI 1)

The below is a sample of a Progress Note populated with PEI 1 template information.

SESSION CONTENT:

Patient completed session 1 of the Prolonged Exposure therapy protocol.

The following occurred during the session:

Facilitated a good therapeutic relationship. The following elements helped establish a collaborative, positive working relationship with patient:

- patient open and honest with therapist

Provided psycho education and introduced PE treatment for PTSD to patient, including:

- Providing information about PE as a treatment option. The following information regarding PE was given: gave standard handout
- Discussing patient's readiness to engage in treatment.
- Discussing and addressing patient's questions or concerns about treatment. Patient expressed the following concerns: patient is in the contemplative stage for change

Set treatment plan with set goals and objectives. Patient set the following goals for treatment: goals are at simplistic level now but include improved sleep and decrease in anger

Administered Trauma Interview

Gave rationale for breathing retraining; teaching breathing retraining, and making a breathing retraining tape for patient.

INDEX TRAUMA to be addressed in PE is related to:

- Combat

- Comment: high level of combat over multiple tours

DEGREE OF COLLABORATION:

The degree of collaboration between the patient and the therapist in the current session was:

- Comment: difficult to measure but appeared to be Medium

ADDITIONAL SESSION INFORMATION:

HOMEWORK:

Patient is to complete the following practice items in between sessions:

- Practice breathing for 10 minutes, three times a day.

- Listen to audiotape of therapy session one time.

PLAN:

Next session is scheduled or will be scheduled

Next appointment date: 12/12/12

PEI 2 Individual Session - Template Detail:

The below table details the content requirements to develop the PEI2 template.

TABLE 3 - PEI 2 TEMPLATE DETAIL

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
1	PEI 2 TITLE HEADER	dialog element				PEI 2 PROLONGED EXPOSURE INDIVIDUAL 2			PROLONGED EXPOSURE INDIVIDUAL: SECOND SESSION	
2	00 SPACER BOTH	dialog element					NO		 	
5	PEI TIME IN SESSION	dialog element							TIME IN SESSION	
	PXRM COMMENT	prompt						Comment:		
7	00 SPACER BOTH	dialog element					NO		 	
10	PEI 2 SESSION NUMBER GP	dialog group	Session Number:	YES	2					
	PEI SESSION NUMBER 2	dialog element				PEI SESSION NUMBER 2			Session Number: 2	
	PEI SESSION NUMBER 3	dialog element				PEI SESSION NUMBER 3			Session Number: 3	
12	00 SPACER BOTH	dialog element					NO		 	
15	PEI SESSION FORMAT GP	dialog group	Session Format:	YES	2				SESSION FORMAT: Prolonged Exposure Therapy Individual	
	PEI SESSION FACE TO FACE	dialog element				PEI SESSION FACE TO FACE			Face-to-Face Session	
	PEI SESSION TELEPHONE	dialog element				PEI SESSION TELEPHONE			Telephone Session	
	PEI SESSION VIDEO TELEHEALTH	dialog element				PEI SESSION VIDEO TELEHEALTH			Telehealth Session	
	PEI SESSION OTHER	dialog element				PEI SESSION OTHER			Other	
	PXRM COMMENT	prompt						Comment:		
16	00 SPACER BOTH	dialog element					NO		 	

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
17	PEI SESSION LOCATION	dialog group	Prolonged Exposure		2	PEI SESSION LOCATION			SESSION LOCATION	
	PEI LOCATION CLC	dialog element				PEI LOCATION CLC			Community Living Center	
	PEI LOCATION CBOC	dialog element				PEI LOCATION CBOC			CBOC	
	PEI LOCATION DOM	dialog element				PEI LOCATION DOM			Domiciliary	
	PEI LOCATION HBPC	dialog element				PEI LOCATION HBPC			Home Based Primary Care	
	PEI LOCATION INPT MH	dialog element				PEI LOCATION INPT MH			Inpatient Mental Health	
	PEI LOCATION OEF/OIF	dialog element				PEI LOCATION OEF/OIF			OEF/OIF Clinic	
	PEI LOCATION MHC	dialog element				PEI LOCATION MHC			Mental Health Clinic	
	PEI LOCATION RRTP	dialog element				PEI LOCATION RRTP			MH Residential Rehabilitation Treatment Program (RRTP)	
	PEI LOCATION PCT	dialog element				PEI LOCATION PCT			PTSD Clinical Team	
	PEI LOCATION PC	dialog element				PEI LOCATION PC			Primary Care	
	PEI LOCATION SUD	dialog element				PEI LOCATION SUD			Substance Use Disorder Clinic	
	PEI LOCATION PRRC	dialog element				PEI LOCATION PRRC			PRRC/Day Treatment	
	PEI LOCATION COMMUNITY	dialog element				PEI LOCATION COMMUNITY			Community/Non-VA Setting	
	PEI LOCATION OTHER	dialog element				PEI LOCATION OTHER			Other	
	PXRM COMMENT	prompt						Comment:		
20	PEI DIAGNOSIS GP	dialog group	DIAGNOSIS	YES	2				Primary (focus of treatment) or Secondary (if applicable)	Diagnosis:
	PEI DIAGNOSIS PRIMARY	dialog element							Primary Diagnosis:{FLD:EBOX40}	
	PEI DIAGNOSIS SECONDARY	dialog element							Secondary Diagnosis:{FLD:EBOX40}	
22	00 SPACER BOTH	dialog					NO		 	

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
		element								
25	PEI ASSESSMENT GP	dialog group		YES	2				ASSESSMENT	
	TEXT PTSD EVAL DISPLAY PCLC	dialog element					YES		[PC-PTSD PCL]	
	TEXT PTSD EVAL DISPLAY PCLC PLACE IN NOTE	dialog element					NO		Check here to place scores in note.	
	PEI MH PCLC	dialog element				PCLC	NO		PCL-C	
	PEI ASSESS BDI-II	dialog element				BDI2			BDI - II	
	PEI ASSESS RISK	dialog element							RISK INFORMATION: Please note any indication of SI/HI and any other relevant risk information and complete local suicide note template if appropriate {FLD:BLANK WORD PROCESSING}	
	PEI ASSESS MSE	dialog element							MENTAL STATUS/BEHAVIORAL OBSERVATION: Please note any relevant mental status factors and/or behavioral observations {FLD:BLANK WORD PROCESSING}	
	PEI ASSESS OTHER	dialog element							OTHER RELEVANT OBSERVATION: Please note any additional structured or clinical assessment information relevant to this session (e.g., cultural/spiritual influences, substance use, etc.) {FLD:BLANK WORD PROCESSING}	
26	00 SPACER BOTH	dialog element					NO		 	

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
30	PEI 2 CONTENT SESSION GP	dialog group	Session involved:	YES	2				Patient completed Session 2 of PE protocol. If you have broken session 2 up into 2 sessions, just indicate this and mark only those things you have done for this particular session. The following occurred during the session: (Check if completed)	Patient completed Session 2 of PE protocol. The following occurred during the session:
	PEI 2 CONTENT HMWRK REVIEW	dialog group			2	PEI 2 CONTENT HMWRK			Reviewed homework and gave feedback and praise/positive reinforcement. Patient completed the following homework assignments from last session (check all that apply)	
	PEI 2 CONTENT HMWRK BREATHING	dialog element				PEI 2 CONTENT HMWRK BREATHING			Breathing Retraining practice: {FLD:00 EDIT BOX 4} times	
	PEI 2 CONTENT HMWRK LISTENING	dialog element				PEI 2 CONTENT HMWRK LISTENING			Listening to session tape one time.	
	PEI 2 CONTENT HMWRK READING	dialog element				PEI 2 CONTENT HMWRK READING			Reading Rationale for Treatment" handout "	
	PEI 2 CONTENT HMWRK OTHER	dialog element				PEI 2 CONTENT HMWRK OTHER			Other {FLD:BLANK WORD PROCESSING}	
	PEI 2 CONTENT HMWRK NOT DONE	dialog group				PEI 2 CONTENT HMWRK NOT DONE			If homework was not completed, please indicate why, focusing on possible role of avoidance	
	PEI 2 CONTENT COMMON REACTIONS	dialog element				PEI 2 CONTENT REACTIONS			Discussed Common Reactions to Trauma. Patient's response to Common Reactions discussion involved {FLD:BLANK WORD PROCESSING} \\	

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
	PEI 2 CONTENT VIEWING DVD	dialog element				PEI 2 CONTENT VIEWING DVD			Viewed education tape (e.g., PE DVD or dateline) and discussed with patient. Patient's response to viewing DVD discussion involved {FLD:BLANK WORD PROCESSING} 	
	PEI 2 CONTENT EXPOSURE	dialog element				PEI 2 CONTENT EXPOSURE			Presented rationale for in vivo exposure (including providing metaphor). Patient's response to in-vivo rationale involved {FLD:BLANK WORD PROCESSING}\\	
	PEI 2 CONTENT SUDS	dialog element				PEI 2 CONTENT SUDS			Established SUDS scale, including anchor points.	
	PEI 2 CONTENT HIERARCHY	dialog element				PEI 2 CONTENT HIERARCHY			Developed in vivo hierarchy. The primary themes of patient's in-vivo hierarchy include {FLD:BLANK WORD PROCESSING}\\	
36	00 SPACER BOTH	dialog element					NO		 	
38	PEI COLLABORATION GP	dialog group		YES	2				DEGREE OF COLLABORATION: The degree of collaboration between the patient and the therapist in the current session was:	
	PEI COLLABORATION LOW	dialog element				PEI COLLABORATION LOW			Low	
	PXRM COMMENT	prompt						Comment:		
	PEI COLLABORATION MED	dialog element				PEI COLLABORATION MED			Medium	
	PEI COLLABORATION HIGH	dialog element				PEI COLLABORATION HIGH			High	
	PEI COLLABORATION THERAPEUT ALLIANCE	dialog element				PEI COLLABORATION THERA ALLIANCE GIVEN			If therapeutic alliance measure was given, please report results here.	

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
	PXRM COMMENT	prompt						Comment:		
40	00 SPACER BOTH	dialog element					NO		 	
50	PEI MOTIVATION ASSESSED GP	dialog group	MOTIVATIONAL ASSESSMENT	YES	2					MOTIVATIONAL ASSESSMENT:
	PEI MOTIVATION ASSESSED	dialog element				PEI MOTIVATION ASSESSED			If therapist assessed motivation and/or applied motivational enhancement strategies please indicate and describe below:	
	PXRM COMMENT	prompt						Comment:		
51	00 SPACER BOTH	dialog element					NO		 	
55	PEI 2 HOMEWORK GP	dialog group		YES	2	PEI 2 HOMEWORK			Homework:	
	PEI 2 HOMEWORK PRACTICE GP	dialog group		NO	2	PEI 2 HOMEWORK PRACTICE			Patient is to complete the following practice items in between sessions:	
	PEI 2 HOMEWORK PRACTICE HANDOUT	dialog element				PEI 2 HOMEWORK PRACTICE HANDOUT			Read Common Reactions to Trauma Handout and share with an individual in support network	
	PEI 2 HOMEWORK PRACTICE BREATHING	dialog element				PEI 2 HOMEWORK PRACTICE BREATHING			Continue to practice breathing retraining	
	PEI 2 HOMEWORK PRACTICE IN VIVO	dialog element				PEI 2 HOMEWORK PRACTICE IN VIVO			Complete in-vivo exercises. Exercises for this week will address the following themes {FLD:BLANK WORD PROCESSING}	
	PEI 2 HOMEWORK PRACTICE AUDIO	dialog element				PEI 2 HOMEWORK PRACTICE AUDIO			Listen to audiotape of entire session at least one time.	
60	00 SPACER BOTH	dialog element					NO		 	
65	PEI ADDITIONAL SESSION INFO GP	dialog group	ADDITIONAL SESSION INFORMATION	YES	2					ADDITIONAL SESSION INFORMATION:
	PEI ADD ASSESS SESSION INFO	dialog element				PEI 1 ADD'L SSN INFO	YES		Additional Information about session content and/or behavioral observations, including information about what the patient learned and level of engagement	

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
	PXRM COMMENT	prompt						Comment:		
67	00 SPACER BOTH	dialog element					NO		 	
75	PEI 1 PLAN GP	dialog group		YES	2				PLAN:	
	PEI SCED NEXT SESSION	dialog group		YES	3				Next session is scheduled or will be scheduled	
	PEI 1 PLAN NEXT APPT	dialog element				PEI 1 PLAN NEXT APPT			Next appointment date: {FLD:VA-EDIT BOX 30/80}	
	PEI NEXT APPT DATE	dialog element							Date and time of next session:	
	PEI 1 FINAL SESSION	dialog group			3				Final Session-Early Termination	
	PEI 1 PLAN REMIT	dialog element							Early completer/symptoms remitted - Veteran and clinician agree that Veteran has achieved a clinically significant drop in symptoms related to the target diagnosis and that additional sessions are not needed at this time.	
	PEI 1 PLAN DROP	dialog element							Dropped out/discontinued treatment.	

PEI 3 Individual Session Template Detail:

The below table details the content requirements to develop the PEI 3 templates.

TABLE 4 - PEI 3 TEMPLATE DETAIL

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
1	PEI 3 TITLE HEADER	dialog element				PEI 3 PROLONGED EXPOSURE INDIVIDUAL 3			PROLONGED EXPOSURE INDIVIDUAL: THIRD SESSION	
2	00 SPACER BOTH	dialog element					NO		 	
5	PEI TIME IN SESSION	dialog element							TIME IN SESSION	
	PXRM COMMENT	prompt						Comment:		
7	00 SPACER BOTH	dialog element					NO		 	
10	PEI 3 SESSION NUMBER GP (1)	dialog group	Session Number:	YES	2					
	PEI SESSION NUMBER 3	dialog element				PEI SESSION NUMBER 3			Session Number: 3	
	PEI SESSION NUMBER 4	dialog element				PEI SESSION NUMBER 4			Session Number: 4	
12	00 SPACER BOTH	dialog element					NO		 	
15	PEI SESSION FORMAT GP	dialog group	Session Format:	YES	2				SESSION FORMAT: Prolonged Exposure Therapy Individual	
	PEI SESSION FACE TO FACE	dialog element				PEI SESSION FACE TO FACE			Face-to-Face Session	
	PEI SESSION TELEPHONE	dialog element				PEI SESSION TELEPHONE			Telephone Session	
	PEI SESSION VIDEO TELEHEALTH	dialog element				PEI SESSION VIDEO TELEHEALTH			Telehealth Session	
	PEI SESSION OTHER	dialog element				PEI SESSION OTHER			Other	
	PXRM COMMENT	prompt						Comment:		
16	00 SPACER BOTH	dialog element					NO		 	
17	PEI SESSION LOCATION	dialog group	Prolonged Exposure		2	PEI SESSION LOCATION			SESSION LOCATION	

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
	PEI LOCATION CLC	dialog element				PEI LOCATION CLC			Community Living Center	
	PEI LOCATION CBOC	dialog element				PEI LOCATION CBOC			CBOC	
	PEI LOCATION DOM	dialog element				PEI LOCATION DOM			Domiciliary	
	PEI LOCATION HBPC	dialog element				PEI LOCATION HBPC			Home Based Primary Care	
	PEI LOCATION INPT MH	dialog element				PEI LOCATION INPT MH			Inpatient Mental Health	
	PEI LOCATION OEF/OIF	dialog element				PEI LOCATION OEF/OIF			OEF/OIF Clinic	
	PEI LOCATION MHC	dialog element				PEI LOCATION MHC			Mental Health Clinic	
	PEI LOCATION RRTP	dialog element				PEI LOCATION RRTP			MH Residential Rehabilitation Treatment Program (RRTP)	
	PEI LOCATION PCT	dialog element				PEI LOCATION PCT			PTSD Clinical Team	
	PEI LOCATION PC	dialog element				PEI LOCATION PC			Primary Care	
	PEI LOCATION SUD	dialog element				PEI LOCATION SUD			Substance Use Disorder Clinic	
	PEI LOCATION PRRC	dialog element				PEI LOCATION PRRC			PRRC/Day Treatment	
	PEI LOCATION COMMUNITY	dialog element				PEI LOCATION COMMUNITY			Community/Non-VA Setting	
	PEI LOCATION OTHER	dialog element				PEI LOCATION OTHER			Other	
	PXRM COMMENT	prompt						Comment:		
20	PEI DIAGNOSIS GP	dialog group	DIAGNOSIS	YES	2				Primary (focus of treatment) or Secondary (if applicable)	Diagnosis:
	PEI DIAGNOSIS PRIMARY	dialog element							Primary Diagnosis:{FLD:EBOX40}	
	PEI DIAGNOSIS SECONDARY	dialog element							Secondary Diagnosis:{FLD:EBOX40}	
22	00 SPACER BOTH	dialog element					NO		 	
25	PEI ASSESSMENT GP	dialog group		YES	2				ASSESSMENT	

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
	TEXT PTSD EVAL DISPLAY PCLC	dialog element					YES		[PC-PTSD PCL]	
	TEXT PTSD EVAL DISPLAY PCLC PLACE IN NOTE	dialog element					NO		Check here to place scores in note.	
	PEI MH PCLC	dialog element				PCLC	NO		PCL-C	
	PEI ASSESS BDI-II	dialog element				BDI2			BDI - II	
	PEI ASSESS RISK	dialog element							RISK INFORMATION: Please note any indication of SI/HI and any other relevant risk information and complete local suicide note template if appropriate {FLD:BLANK WORD PROCESSING}	
	PEI ASSESS MSE	dialog element							MENTAL STATUS/BEHAVIORAL OBSERVATION: Please note any relevant mental status factors and/or behavioral observations {FLD:BLANK WORD PROCESSING}	
	PEI ASSESS OTHER	dialog element							OTHER RELEVANT OBSERVATION: Please note any additional structured or clinical assessment information relevant to this session (e.g., cultural/spiritual influences, substance use, etc.) {FLD:BLANK WORD PROCESSING}	
26	00 SPACER BOTH	dialog element					NO		 	
30	PEI 3 CONTENT SESSION GP	dialog group		YES	2				SESSION CONTENT: The following occurred during the session:	
	PEI 3 CONTENT SESSION GP INTRO	dialog element					YES		CHECK IF COMPLETED AND PROVIDE EXPLANATION FOR ITEMS WITH TEXT BOXES	

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
	PEI 3 CONTENT HOMEWORK	dialog group		YES	2				Review of Homework:	
	PEI 3 CONTENT HMWRK REVIEW	dialog group			2	PEI 3 CONTENT HMWRK			Reviewed homework and gave feedback and praise/positive reinforcement. Patient completed the following homework assignments from last session (check all that apply)	
	PEI 3 CONTENT HMWRK NOT DONE	dialog group				PEI 3 CONTENT HMWRK NOT DONE			If homework was not completed, please indicate why, focusing on possible role of avoidance	
	00 SPACER NOTE ONLY EL	dialog element								
	PEI 3 CONTENT REACTIONS	dialog element				PEI 3 CONTENT REACTIONS			Presented rational for Imaginal exposure, including metaphor. Patient's response to Imaginal exposure rationale involved {FLD:BLANK WORD PROCESSING}	
	PEI 3 CONTENT IMAGINAL	dialog element				PEI 3 CONTENT IMAGINAL			Provided clear instructions on how to do Imaginal exposure	
	PEI 3 CONTENT EXPOSURE	dialog element				PEI 3 CONTENT EXPOSURE			Completed first Imaginal exposure, with {FLD:00 EDIT BOX 4} repetitions for approximately 60 minutes. Patient's response to Imaginal exposure involved {FLD:BLANK WORD PROCESSING}	
	PEI 3 CONTENT PROCESS	dialog element				PEI 3 CONTENT PROCESS			Processed Imaginal exposure. Focus of processing, and patient's response involved {FLD:BLANK WORD PROCESSING}	
	00 SPACER NOTE ONLY EL	dialog element								
36	00 SPACER BOTH	dialog element					NO		 	
38	PEI COLLABORATION GP	dialog group		YES	2				DEGREE OF COLLABORATION: The degree of collaboration between the patient and the therapist in	

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
									the current session was:	
	PEI COLLABORATION LOW	dialog element				PEI COLLABORATION LOW			Low	
	PXRM COMMENT	prompt						Comment:		
	PEI COLLABORATION MED	dialog element				PEI COLLABORATION MED			Medium	
	PEI COLLABORATION HIGH	dialog element				PEI COLLABORATION HIGH			High	
	PEI COLLABORATION THERAPEUT ALLIANCE	dialog element				PEI COLLABORATION THERA ALLIANCE GIVEN			If therapeutic alliance measure was given, please report results here.	
	PXRM COMMENT	prompt						Comment:		
40	00 SPACER BOTH	dialog element					NO		 	
50	PEI MOTIVATION ASSESSED GP	dialog group	MOTIVATIONAL ASSESSMENT	YES	2					MOTIVATIONAL ASSESSMENT:
	PEI MOTIVATION ASSESSED	dialog element				PEI MOTIVATION ASSESSED			If therapist assessed motivation and/or applied motivational enhancement strategies please indicate and describe below:	
	PXRM COMMENT	prompt						Comment:		
51	00 SPACER BOTH	dialog element					NO		 	
55	PEI 3 HOMEWORK GP	dialog group		YES	2	PEI 3 HOMEWORK			Homework:	
	PEI 3 HOMEWORK PRACTICE GP	dialog group		NO	2	PEI 3 HOMEWORK PRACTICE			Patient is to complete the following practice items in between sessions:	
	PEI 3 HOMEWORK PRACTICE IN VIVO	dialog element				PEI 3 HOMEWORK PRACTICE IN VIVO			Complete in-vivo exercises. Exercises for this week will address the following themes {FLD:BLANK WORD PROCESSING}	
	PEI 3 HOMEWORK PRACTICE BREATHING	dialog element				PEI 3 HOMEWORK PRACTICE BREATHING			Continue to practice breathing retraining	

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
	PEI 3 HOMEWORK PRACTICE AUDIO	dialog element				PEI 3 HOMEWORK PRACTICE AUDIO			Listen to audiotape of entire session at least one time.	
	PEI 3 HOMEWORK PRACTICE IMAGINAL	dialog element				PEI 3 HOMEWORK PRACTICE IMAGINAL			Listen to audiotape of Imaginal exposure daily	
60	00 SPACER BOTH	dialog element					NO		 	
65	PEI ADDITIONAL SESSION INFO GP	dialog group	ADDITIONAL SESSION INFORMATION	YES	2					ADDITIONAL SESSION INFORMATION:
	PEI ADD ASSESS SESSION INFO	dialog element				PEI 1 ADD'L SSN INFO	YES		Additional Information about session content and/or behavioral observations, including information about what the patient learned and level of engagement	
	PXRM COMMENT	prompt						Comment:		
67	00 SPACER BOTH	dialog element					NO		 	
75	PEI 1 PLAN GP	dialog group		YES	2				PLAN:	
	PEI SCED NEXT SESSION	dialog group		YES	3				Next session is scheduled or will be scheduled	
	PEI 1 PLAN NEXT APPT	dialog element				PEI 1 PLAN NEXT APPT			Next appointment date: {FLD:VA-EDIT BOX 30/80}	
	PEI NEXT APPT DATE	dialog element							Date and time of next session:	
	PEI 1 FINAL SESSION	dialog group			3				Final Session-Early Termination	
	PEI 1 PLAN REMIT	dialog element							Early completer/symptoms remitted - Veteran and clinician agree that Veteran has achieved a clinically significant drop in symptoms related to the target diagnosis and that additional sessions are not needed at this time.	
	PEI 1 PLAN DROP	dialog element							Dropped out/discontinued treatment.	

PEI 4 Template Details:

The below table details the content requirements to develop the PEI 4 template.

TABLE 5 - PEI 4 TEMPLATE DETAIL

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
1	PEI 4 TITLE HEADER	dialog element				PEI 4 PROLONGED EXPOSURE IND IMAGINAL			PROLONGED EXPOSURE INDIVIDUAL: IMAGINAL EXPOSURE SESSION	
2	00 SPACER BOTH	dialog element					NO		 	
5	PEI TIME IN SESSION	dialog element							TIME IN SESSION	
	PXRM COMMENT	prompt						Comment:		
7	00 SPACER BOTH	dialog element					NO		 	
10	PEI 4 SESSION NUMBER GP	dialog group		YES	2				Session Number	
	PEI SESSION NUMBER 3	dialog element				PEI SESSION NUMBER 3			Session Number: 3	
	PEI SESSION NUMBER 4	dialog element				PEI SESSION NUMBER 4			Session Number: 4	
	PEI SESSION NUMBER 5	dialog element				PEI SESSION NUMBER 5			Session Number: 5	
	PEI SESSION NUMBER 6	dialog element				PEI SESSION NUMBER 6			Session Number: 6	
	PEI SESSION NUMBER 7	dialog element				PEI SESSION NUMBER 7			Session Number: 7	
	PEI SESSION NUMBER 8	dialog element				PEI SESSION NUMBER 8			Session Number: 8	
	PEI SESSION NUMBER 9	dialog element				PEI SESSION NUMBER 9			Session Number: 9	
	PEI SESSION NUMBER 10	dialog element				PEI SESSION NUMBER 10			Session Number: 10	
	PEI SESSION NUMBER 11	dialog element				PEI SESSION NUMBER 11			Session Number: 11	

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
	PEI SESSION NUMBER 12	dialog element				PEI SESSION NUMBER 12			Session Number: 12	
	PEI SESSION NUMBER 13	dialog element				PEI SESSION NUMBER 13			Session Number: 13	
	PEI SESSION NUMBER 14	dialog element				PEI SESSION NUMBER 14			Session Number: 14	
	PEI SESSION NUMBER 15	dialog element				PEI SESSION NUMBER 15			Session Number: 15	
	PEI SESSION NUMBER 16	dialog element				PEI SESSION NUMBER 16			Session Number: 16	
	PEI SESSION NUMBER 17	dialog element				PEI SESSION NUMBER 17			Session Number: 17	
	PEI SESSION NUMBER 18	dialog element				PEI SESSION NUMBER 18			Session Number: 18	
	PEI SESSION NUMBER 19	dialog element				PEI SESSION NUMBER 19			Session Number: 19	
	PEI SESSION NUMBER 20	dialog element				PEI SESSION NUMBER 20			Session Number: 20	
12	00 SPACER BOTH	dialog element					NO		 	
15	PEI SESSION FORMAT GP	dialog group	Session Format:	YES	2				SESSION FORMAT: Prolonged Exposure Therapy Individual	
	PEI SESSION FACE TO FACE	dialog element				PEI SESSION FACE TO FACE			Face-to-Face Session	
	PEI SESSION TELEPHONE	dialog element				PEI SESSION TELEPHONE			Telephone Session	
	PEI SESSION VIDEO TELEHEALTH	dialog element				PEI SESSION VIDEO TELEHEALTH			Telehealth Session	
	PEI SESSION OTHER	dialog element				PEI SESSION OTHER			Other	
	PXRM COMMENT	prompt						Comment:		
16	00 SPACER BOTH	dialog element					NO		 	
17	PEI SESSION LOCATION	dialog group	Prolonged Exposure		2	PEI SESSION LOCATION			SESSION LOCATION	
	PEI LOCATION CLC	dialog element				PEI LOCATION CLC			Community Living Center	

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
	PEI LOCATION CBOC	dialog element				PEI LOCATION CBOC			CBOC	
	PEI LOCATION DOM	dialog element				PEI LOCATION DOM			Domiciliary	
	PEI LOCATION HBPC	dialog element				PEI LOCATION HBPC			Home Based Primary Care	
	PEI LOCATION INPT MH	dialog element				PEI LOCATION INPT MH			Inpatient Mental Health	
	PEI LOCATION OEF/OIF	dialog element				PEI LOCATION OEF/OIF			OEF/OIF Clinic	
	PEI LOCATION MHC	dialog element				PEI LOCATION MHC			Mental Health Clinic	
	PEI LOCATION RRTP	dialog element				PEI LOCATION RRTP			MH Residential Rehabilitation Treatment Program (RRTP)	
	PEI LOCATION PCT	dialog element				PEI LOCATION PCT			PTSD Clinical Team	
	PEI LOCATION PC	dialog element				PEI LOCATION PC			Primary Care	
	PEI LOCATION SUD	dialog element				PEI LOCATION SUD			Substance Use Disorder Clinic	
	PEI LOCATION PRRC	dialog element				PEI LOCATION PRRC			PRRC/Day Treatment	
	PEI LOCATION COMMUNITY	dialog element				PEI LOCATION COMMUNITY			Community/Non-VA Setting	
	PEI LOCATION OTHER	dialog element				PEI LOCATION OTHER			Other	
	PXRM COMMENT	prompt						Comment:		
20	PEI DIAGNOSIS GP	dialog group	DIAGNOSIS	YES	2				Primary (focus of treatment) or Secondary (if applicable)	Diagnosis:
	PEI DIAGNOSIS PRIMARY	dialog element							Primary Diagnosis:{FLD:EBOX40}	
	PEI DIAGNOSIS SECONDARY	dialog element							Secondary Diagnosis:{FLD:EBOX40}	
22	00 SPACER BOTH	dialog element					NO		 	
25	PEI ASSESSMENT GP	dialog group		YES	2				ASSESSMENT	

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
	TEXT PTSD EVAL DISPLAY PCLC	dialog element					YES		[PC-PTSD PCL]	
	TEXT PTSD EVAL DISPLAY PCLC PLACE IN NOTE	dialog element					NO		Check here to place scores in note.	
	PEI MH PCLC	dialog element				PCLC	NO		PCL-C	
	PEI ASSESS BDI-II	dialog element				BDI2			BDI - II	
	PEI ASSESS RISK	dialog element							RISK INFORMATION: Please note any indication of SI/HI and any other relevant risk information and complete local suicide note template if appropriate {FLD:BLANK WORD PROCESSING}	
	PEI ASSESS MSE	dialog element							MENTAL STATUS/BEHAVIORAL OBSERVATION: Please note any relevant mental status factors and/or behavioral observations {FLD:BLANK WORD PROCESSING}	
	PEI ASSESS OTHER	dialog element							OTHER RELEVANT OBSERVATION: Please note any additional structured or clinical assessment information relevant to this session (e.g., cultural/spiritual influences, substance use, etc.) {FLD:BLANK WORD PROCESSING}	
26	00 SPACER BOTH	dialog element					NO		 	
30	PEI 4 CONTENT SESSION GP	dialog group		YES	2				SESSION CONTENT: The following occurred during the session:	
	PEI 4 CONTENT SESSION GP INTRO	dialog element					YES		CHECK IF COMPLETED AND PROVIDE EXPLANATION FOR ITEMS WITH TEXT BOXES	

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
	PEI 4 CONTENT HOMEWORK	dialog group		YES	2				Review of Homework	
	PEI 4 CONTENT HMWRK REVIEW	dialog group			2	PEI 4 CONTENT HMWRK			Reviewed homework and gave feedback and praise/positive reinforcement. Patient completed the following homework assignments from last session (check all that apply)	
	PEI 4 CONTENT HMWRK NOT DONE	dialog group				PEI 4 CONTENT HMWRK NOT DONE			If homework was not completed, please indicate why, focusing on possible role of avoidance	
	00 SPACER NOTE ONLY EL	dialog element								
	PEI 4 CONTENT REVISIT	dialog element				PEI 4 CONTENT REVISIT			Re-visited the traumatic experience through Imaginal exposure for 40-45 minutes and making a separate recording. Patient completed {FLD:00 EDIT BOX 4} repetitions of the memory.	
	PEI 4 CONTENT PROCESS RATIONALE	dialog element				PEI 4 CONTENT PROCESS RATIONALE			Referred back to rationale as needed	
	PEI 4 CONTENT PROCESS HOT SPOTS	dialog element				PEI 4 CONTENT PROCESS HOT SPOTS			Worked towards hot spots. Patient identified {FLD:00 EDIT BOX 4} number of hot spots	
	PEI 4 CONTENT HOT SPOTS RESPONSE	dialog element				PEI 4 CONTENT HOT SPOTS RESPONSE			Worked on hot spots	
	PXRM COMMENT	prompt						Comment:		
	00 SPACER NOTE ONLY EL	dialog element								
36	00 SPACER BOTH	dialog element					NO		 	
38	PEI COLLABORATION GP	dialog group		YES	2				DEGREE OF COLLABORATION: The degree of collaboration between the patient and the therapist in the current session was:	

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
	PEI COLLABORATION LOW	dialog element				PEI COLLABORATION LOW			Low	
	PXRM COMMENT	prompt						Comment:		
	PEI COLLABORATION MED	dialog element				PEI COLLABORATION MED			Medium	
	PEI COLLABORATION HIGH	dialog element				PEI COLLABORATION HIGH			High	
	PEI COLLABORATION THERAPEUT ALLIANCE	dialog element				PEI COLLABORATION THERA ALLIANCE GIVEN			If therapeutic alliance measure was given, please report results here.	
	PXRM COMMENT	prompt						Comment:		
40	00 SPACER BOTH	dialog element					NO		 	
50	PEI MOTIVATION ASSESSED GP	dialog group	MOTIVATIONAL ASSESSMENT	YES	2					MOTIVATIONAL ASSESSMENT:
	PEI MOTIVATION ASSESSED	dialog element				PEI MOTIVATION ASSESSED			If therapist assessed motivation and/or applied motivational enhancement strategies please indicate and describe below:	
	PXRM COMMENT	prompt						Comment:		
51	00 SPACER BOTH	dialog element					NO		 	
55	PEI 4 HOMEWORK GP (1)	dialog group		YES	2	PEI 4 HOMEWORK			Homework:	
	PEI 4 HOMEWORK PRACTICE GP (1)	dialog group		NO	2	PEI 4 HOMEWORK PRACTICE			Patient is to complete the following practice items in between sessions:	
	PEI 4 HOMEWORK PRACTICE IN VIVO (1)	dialog element				PEI 4 HOMEWORK PRACTICE IN VIVO			Complete in-vivo exercises. Exercises for this week will address the following themes {FLD:WP-2LINES}	
	PEI 4 HOMEWORK PRACTICE BREATHING (1)	dialog element				PEI 4 HOMEWORK PRACTICE BREATHING			Continue to practice breathing retraining	
	PEI 4 HOMEWORK PRACTICE AUDIO (1)	dialog element				PEI 4 HOMEWORK PRACTICE AUDIO			Listen to audiotape of entire session at least one time.	

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
	PEI 4 HOMEWORK PRACTICE IMAGINAL (1)	dialog element				PEI 4 HOMEWORK PRACTICE IMAGINAL			Listen to audiotape of Imaginal exposure daily	
60	00 SPACER BOTH	dialog element					NO		 	
65	PEI ADDITIONAL SESSION INFO GP	dialog group	ADDITIONAL SESSION INFORMATION	YES	2					ADDITIONAL SESSION INFORMATION:
	PEI ADD ASSESS SESSION INFO	dialog element				PEI 1 ADD'L SSN INFO	YES		Additional Information about session content and/or behavioral observations, including information about what the patient learned and level of engagement	
	PXRM COMMENT	prompt						Comment:		
67	00 SPACER BOTH	dialog element					NO		 	
75	PEI 1 PLAN GP	dialog group		YES	2				PLAN:	
	PEI SCED NEXT SESSION	dialog group		YES	3				Next session is scheduled or will be scheduled	
	PEI 1 PLAN NEXT APPT	dialog element				PEI 1 PLAN NEXT APPT			Next appointment date: {FLD:VA-EDIT BOX 30/80}	
	PEI NEXT APPT DATE	dialog element							Date and time of next session:	
	PEI 1 FINAL SESSION	dialog group			3				Final Session-Early Termination	
	PEI 1 PLAN REMIT	dialog element							Early completer/symptoms remitted - Veteran and clinician agree that Veteran has achieved a clinically significant drop in symptoms related to the target diagnosis and that additional sessions are not needed at this time.	
	PEI 1 PLAN DROP	dialog element							Dropped out/discontinued treatment.	

PEI 5 Template Detail:

The below table details the content requirements to develop the PEI 5 template.

TABLE 6 - PEI 5 TEMPLATE DETAIL

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
1	PEI 5 TITLE HEADER	dialog element				PEI 5 PROLONGED EXPOSURE IND FINAL			PROLONGED EXPOSURE INDIVIDUAL: FINAL SESSION	
2	00 SPACER BOTH	dialog element					NO		 	
5	PEI TIME IN SESSION	dialog element							TIME IN SESSION	
	PXRM COMMENT	prompt						Comment:		
7	00 SPACER BOTH	dialog element					NO		 	
10	PEI 5 SESSION NUMBER GP EXPANDED	dialog group		YES	2				Session Number	
	PEI SESSION NUMBER 7	dialog element				PEI SESSION NUMBER 7			Session Number: 7	
	PEI SESSION NUMBER 8	dialog element				PEI SESSION NUMBER 8			Session Number: 8	
	PEI SESSION NUMBER 9	dialog element				PEI SESSION NUMBER 9			Session Number: 9	
	PEI SESSION NUMBER 10	dialog element				PEI SESSION NUMBER 10			Session Number: 10	
	PEI SESSION NUMBER 11	dialog element				PEI SESSION NUMBER 11			Session Number: 11	
	PEI SESSION NUMBER 12	dialog element				PEI SESSION NUMBER 12			Session Number: 12	
	PEI SESSION NUMBER 13	dialog element				PEI SESSION NUMBER 13			Session Number: 13	
	PEI SESSION NUMBER 14	dialog element				PEI SESSION NUMBER 14			Session Number: 14	
	PEI SESSION NUMBER 15	dialog element				PEI SESSION NUMBER 15			Session Number: 15	
	PEI SESSION NUMBER 16	dialog element				PEI SESSION NUMBER 16			Session Number: 16	
	PEI SESSION NUMBER 17	dialog element				PEI SESSION NUMBER 17			Session Number: 17	
	PEI SESSION NUMBER 18	dialog element				PEI SESSION NUMBER 18			Session Number: 18	
	PEI SESSION NUMBER 19	dialog element				PEI SESSION NUMBER 19			Session Number: 19	

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
	PEI SESSION NUMBER 20	dialog element				PEI SESSION NUMBER 20			Session Number: 20	
	PEI SESSION NUMBER >20	dialog element				PEI SESSION NUMBER>20			Session Number: >20	
12	00 SPACER BOTH	dialog element					NO		 	
15	PEI SESSION FORMAT GP	dialog group	Session Format:	YES	2				SESSION FORMAT: Prolonged Exposure Therapy Individual	
	PEI SESSION FACE TO FACE	dialog element				PEI SESSION FACE TO FACE			Face-to-Face Session	
	PEI SESSION TELEPHONE	dialog element				PEI SESSION TELEPHONE			Telephone Session	
	PEI SESSION VIDEO TELEHEALTH	dialog element				PEI SESSION VIDEO TELEHEALTH			Telehealth Session	
	PEI SESSION OTHER	dialog element				PEI SESSION OTHER			Other	
	PXRM COMMENT	prompt						Comment:		
16	00 SPACER BOTH	dialog element					NO		 	
17	PEI SESSION LOCATION	dialog group	Prolonged Exposure		2	PEI SESSION LOCATION			SESSION LOCATION	
	PEI LOCATION CLC	dialog element				PEI LOCATION CLC			Community Living Center	
	PEI LOCATION CBOC	dialog element				PEI LOCATION CBOC			CBOC	
	PEI LOCATION DOM	dialog element				PEI LOCATION DOM			Domiciliary	
	PEI LOCATION HBPC	dialog element				PEI LOCATION HBPC			Home Based Primary Care	
	PEI LOCATION INPT MH	dialog element				PEI LOCATION INPT MH			Inpatient Mental Health	
	PEI LOCATION OEF/OIF	dialog element				PEI LOCATION OEF/OIF			OEF/OIF Clinic	
	PEI LOCATION MHC	dialog element				PEI LOCATION MHC			Mental Health Clinic	
	PEI LOCATION RRTP	dialog element				PEI LOCATION RRTP			MH Residential Rehabilitation Treatment Program (RRTP)	
	PEI LOCATION PCT	dialog element				PEI LOCATION PCT			PTSD Clinical Team	
	PEI LOCATION PC	dialog element				PEI LOCATION PC			Primary Care	

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
	PEI LOCATION SUD	dialog element				PEI LOCATION SUD			Substance Use Disorder Clinic	
	PEI LOCATION PRRC	dialog element				PEI LOCATION PRRC			PRRC/Day Treatment	
	PEI LOCATION COMMUNITY	dialog element				PEI LOCATION COMMUNITY			Community/Non-VA Setting	
	PEI LOCATION OTHER	dialog element				PEI LOCATION OTHER			Other	
	PXRM COMMENT	prompt						Comment:		
20	PEI DIAGNOSIS GP	dialog group	DIAGNOSIS	YES	2				Primary (focus of treatment) or Secondary (if applicable)	Diagnosis:
	PEI DIAGNOSIS PRIMARY	dialog element							Primary Diagnosis:{FLD:EBOX40}	
	PEI DIAGNOSIS SECONDARY	dialog element							Secondary Diagnosis:{FLD:EBOX40}	
22	00 SPACER BOTH	dialog element					NO		 	
25	PEI ASSESSMENT GP	dialog group		YES	2				ASSESSMENT	
	TEXT PTSD EVAL DISPLAY PCLC	dialog element					YES		PC-PTSD PCL	
	TEXT PTSD EVAL DISPLAY PCLC PLACE IN NOTE	dialog element					NO		Check here to place scores in note.	
	PEI MH PCLC	dialog element				PCLC	NO		PCL-C	
	PEI ASSESS BDI-II	dialog element				BDI2			BDI - II	
	PEI ASSESS RISK	dialog element							RISK INFORMATION: Please note any indication of SI/HI and any other relevant risk information and complete local suicide note template if appropriate {FLD:BLANK WORD PROCESSING}	
	PEI ASSESS MSE	dialog element							MENTAL STATUS/BEHAVIORAL OBSERVATION: Please note any relevant mental status factors and/or behavioral observations {FLD:BLANK WORD PROCESSING}	

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
	PEI ASSESS OTHER	dialog element							OTHER RELEVANT OBSERVATION: Please note any additional structured or clinical assessment information relevant to this session (e.g., cultural/spiritual influences, substance use, etc.) {FLD:BLANK WORD PROCESSING}	
26	00 SPACER BOTH	dialog element					NO		 	
30	PEI 5 CONTENT SESSION GP	dialog group	Session involved:	YES	2	PEI 5 CONTENT SESSION			Patient completed final session of PE protocol. The following occurred during the session: (Check if completed)	Patient completed final session of PE protocol. The following occurred during the session:
	PEI 5 CONTENT HMWRK GP	dialog group		YES	2	PEI 5 CONTENT HMWRK			Reviewed homework and gave feedback and praise/positive reinforcement. Patient completed the following homework assignments from last session (check all that apply)	
	PEI 5 CONTENT HMWRK BREATHING	dialog element				PEI 5 CONTENT HMWRK BREATHING			Breathing Retraining practice {FLD:00 EDIT BOX 4} times	
	PEI 5 CONTENT HMWRK LISTENING	dialog element				PEI 5 CONTENT HMWRK LISTENING			Listening to session tape of full session one time	
	PEI 5 CONTENT HMWRK IMAGINAL	dialog element				PEI 5 CONTENT HMWRK IMAGINAL			Listening to Imaginal session tape daily	
	PEI 5 CONTENT HMWRK IN VIVO	dialog element				PEI 5 CONTENT HMWRK IN VIVO			In-vivo homework exercises. **If all assignments were not completed, please indicate which assignments were completed and which were not.**	
	PEI 5 CONTENT HMWRK OTHER	dialog element				PEI 5 CONTENT HMWRK OTHER			Other:	
	PEI 5 CONTENT HMWRK NOT DONE GP	dialog group			2	PEI 5 CONTENT HMWRK NOT DONE			If homework was not completed please indicate why, focusing on possible role of avoidance.	

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
	PEI 5 CONTENT FULL MEMORY	dialog element				PEI 5 CONTENT FULL MEMORY			Gave instructions for Imaginal exposure as needed, going back for full memory for final exposure session	
	PEI 5 CONTENT REVISIT	dialog element				PEI 5 CONTENT REVISIT			Revisited the traumatic experience through Imaginal exposure for 30 minutes and making a separate recording. Patient completed {FLD:00 EDIT BOX 4} repetitions of the memory	
	PEI 5 CONTENT MEMORY CHANGE	dialog element				PEI 5 CONTENT MEMORY CHANGE			Processed Imaginal exposure for that session as well as discussing how memory has changed over the course of treatment. Patient response to Imaginal exposure processing: {FLD:BLANK WORD PROCESSING} \\	
	PEI 5 CONTENT IN VIVO HIERARCHY	dialog element				PEI 5 CONTENT IN VIVO HIERARCHY			Reviewed in vivo hierarchy from session 2, re-assessing SUDS at present.	
	PEI 5 CONTENT RELAPSE PREVENT	dialog element				PEI 5 CONTENT RELAPSE PREVENT			Reviewed relapse prevention skills	
36	00 SPACER BOTH	dialog element					NO		 	
38	PEI COLLABORATION GP	dialog group		YES	2				DEGREE OF COLLABORATION: The degree of collaboration between the patient and the therapist in the current session was:	
	PEI COLLABORATION LOW	dialog element				PEI COLLABORATION LOW			Low	
	PXRM COMMENT	prompt						Comment:		
	PEI COLLABORATION MED	dialog element				PEI COLLABORATION MED			Medium	
	PEI COLLABORATION HIGH	dialog element				PEI COLLABORATION HIGH			High	
	PEI COLLABORATION	dialog element				PEI COLLABORATION			If therapeutic alliance measure was given, please	

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
	THERAPEUT ALLIANCE					THERA ALLIANCE GIVEN			report results here.	
	PXRM COMMENT	prompt						Comment:		
40	00 SPACER BOTH	dialog element					NO		 	
50	PEI 5 FINAL GP	dialog group		YES	2	PEI 5 FINAL GP			REVIEW OF PROGRESS DURING TREATMENT	
	PEI 5 FINAL PROGRESS	dialog element				PEI 5 FINAL PROGRESS			Patient progress in relation to treatment goals for Prolonged Exposure: {FLD:BLANK WORD PROCESSING}\\	
	PEI 5 FINAL IMPACT	dialog element				PEI 5 FINAL IMPACT			Impact of therapy on patient's functioning: {FLD:BLANK WORD PROCESSING}\\	
51	00 SPACER BOTH	dialog element					NO		 	
65	PEI ADDITIONAL SESSION INFO GP	dialog group	ADDITIONAL SESSION INFORMATION	YES	2					ADDITIONAL SESSION INFORMATION:
	PEI ADD ASSESS SESSION INFO	dialog element				PEI 1 ADD'L SSN INFO	YES		Additional Information about session content and/or behavioral observations, including information about what the patient learned and level of engagement	
	PXRM COMMENT	prompt						Comment:		
67	00 SPACER BOTH	dialog element					NO		 	
75	PEI 5 PLAN GP	dialog group		YES	2	PEI 5 PLAN			PLAN:	
	PEI 5 PLAN COMPLETE	dialog element				PEI 5 PLAN COMPLETE			TREATMENT COMPLETED\\ (Describe the reason for termination of treatment)	
	PXRM COMMENT	prompt						Comment:		
	PEI 5 PLAN BOOSTER SSN	dialog element				PEI 5 PLAN BOOSTER SSN			BOOSTER SESSIONS\\ (Describe the reason for booster sessions and if the sessions were scheduled or will be scheduled in the future)	
	PXRM COMMENT	prompt						Comment:		

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
	PEI 5 PLAN POST ASSESS	dialog element				PEI 5 PLAN POST ASSESS			SCHEDULED POST ASSESSMENT SESSION(S) (Describe the reason for additional assessment sessions)	
	PXRM COMMENT	prompt						Comment:		
	PEI 5 PLAN REFERRAL	dialog element				PEI 5 PLAN REFERRAL			REFERRED FOR FURTHER EVALUATION, TREATMENT OR OTHER SERVICES\\ (Describe the referral and reason for referral)	
	PXRM COMMENT	prompt						Comment:		
	PEI 5 PLAN NEXT APPT	dialog element							Next appointment date: {FLD:VA-EDIT BOX 30/80}	
	PEI 5 PLAN PT AGREE	dialog element				PEI 5 PLAN PT AGREE			Patient agreed with the above plan	
	PEI 5 PLAN ADDL INFO	dialog element				PEI 5 PLAN ADDL INFO			Additional information regarding plan {FLD:BLANK WORD PROCESSING}\\	

2.6.2. Cognitive Processing Individual Therapy (CPT)

The Cognitive Processing Therapy (CPT) templates document the results of the evidence-based form of Cognitive Behavioral Therapy (CBT) used to treat PTSD.

The clinician uses one of twelve available Dialog Reminder Templates from the *Cognitive Processing Individual Therapy* Clinical Reminder template drawer.

The twelve templates available are:

- 1. CPT 1 - INTIAL PHASE**
- 2. CPT 2 - MEANING PHASE**
- 3. CPT 3 - ABC PHASE**
- 4. CPT 4 - TRAUMA PHASE**
- 5. CPT 5 - REWRITE PHASE**
- 6. CPT 6 - CHALLENGING PHASE**
- 7. CPT 7 - PROBLEMATIC PHASE**
- 8. CPT 8 - SAFETY PHASE**
- 9. CPT 9 - TRUST PHASE**
- 10. CPT 10 - POWER PHASE**
- 11. CPT 11 - ESTEEM PHASE**
- 12. CPT 12 - FINAL PHASE**

Health Factors created by session have been detailed in the table below. When creating the Dialog Element, use the Finding Item or Additional Finding field for 1) automatic ordering, 2) adding vital measurements, 3) stuffing Education Topics, 4) including immunizations and 5) documenting CPT codes into the PCE.

Refer to Appendix B *Cognitive Processing Individual Therapy Screenshots* for samples of the screenshots.

TABLE 7 - COGNITIVE PROCESSING THERAPY FINDING ITEMS TABLE

Component	CPT 1 HF	CPT 2 HF	CPT 3 HF	CPT 4 HF	CPT 5 HF	CPT 6 HF	CPT 7 HF	CPT 8 HF	CPT 9 HF	CPT 10 HF	CPT 11 HF	CPT 12 HF
Time in Session - All of the below Health Factors are the same across all of the templates												
TIME IN SESSION												
Session Number	CPT SESSION NUMBER 1 and /or CPT SESSION NUMBER 2	CPT SESSION NUMBER 2 and/or CPT SESSION NUMBER 3	CPT SESSION NUMBER 2 through CPT SESSION NUMBER 4	CPT SESSION NUMBER 3 through CPT SESSION NUMBER 5	CPT SESSION NUMBER 4 through CPT SESSION NUMBER 6	CPT SESSION NUMBER 5 through CPT SESSION NUMBER 7	CPT SESSION NUMBER 6 through CPT SESSION NUMBER 8	CPT SESSION NUMBER 7 through CPT SESSION NUMBER 9	CPT SESSION NUMBER 8 through CPT SESSION NUMBER 10	CPT SESSION NUMBER 9 through CPT SESSION NUMBER 11	CPT SESSION NUMBER 10 through CPT SESSION NUMBER 12	CPT SESSION NUMBER 11 through CPT SESSION NUMBER 15
Session Format - All of the below Health Factors are the same across all of the templates												
<ul style="list-style-type: none"> CPT SESSION FACE TO FACE CPT SESSION OTHER CPT TELEPHONE SESSION CPT SESSION VIDEO TELEHEALTH 												
Session Location - All of the below Health Factors are the same across all of the templates												
<ul style="list-style-type: none"> CPT SESSION LOCATION GP CPT LOCATION DOM CPT LOCATION MHC CPT LOCATION HBPC CPT LOCATION PRRC CPT LOCATION COMMUNITY CPT LOCATION CLC CPT LOCATION INPT MH CPT LOCATION RRTP CPT LOCATION PT RESIDENCE CPT LOCATION PC CPT LOCATION OTHER CPT LOCATION CBOC CPT LOCATION OEF/OIF CPT LOCATION MHICM CPT LOCATION PCT CPT LOCATION SUD 												
Diagnosis - All of the below Health Factors are the same across all of the templates												
CPT DIAGNOSIS GP												
CPT DIAGNOSIS PRIMARY												
CPT DIAGNOSIS SECONDARY												
Assessment	CPT ASSESSMENT GP											
Session Content	CPT 1 SESSION CONTENT GP CPT 1 CONTENT GENERAL INFO CPT 1 CONTENT FACILITATE GP CPT 1 CONTENT CONSENT SIGNED CPT 1 CONTENT RATIONALE CPT 1 CONTENT OVERVIEW CPT 1 CONTENT ASSESS READINESS	CPT 2 CONTENT REVIEW STUCK CPT 2 CONTENT READ IMPACT STATEMENT CPT 2 CONTENT DISCUSSED MEANING CPT 2 CONTENT COLLECT STATEMENT CPT 2 CONTENT INTRODUCED RELATIONSHIP CPT 2 CONTENT ASSIGNED PRACTICE	CPT 3 CONTENT REVIEWED HOMEWORK CPT 3 CONTENT NO SHEETS CPT 3 COTENT IDENTIFY STUCK POINTS CPT 3 CONTENT SOCRATIC CPT 3 CONTENT WRITE TRAUMATIC EVENT	CPT 4 CONTENT REVIEWED HOMEWORK (ABC) CPT 4 CONTENT TRAUMA ACCOUNT READ CPT 4 CONTENT TRAUMA RECOUNT IN SESSION CPT 4 CONTENT SOCRATIC CPT 4 CONTENT FEEL THOUGHT CONNECT CPT 4 CONTENT	CPT 5 CONTENT REVIEWED CPT 5 CONTENT TRAUMA ACCOUNT READ CPT 5 CONTENT SOCRATIC CPT 5 CONTENT CHALLENGING QUESTIONS CPT 5 CONTENT TRAUMA CCOUNT ADDL	CPT 6 CONTENT REVIEWED HOMEWORK (CQS) CPT CONTENT TRAUMA ACCOUNT READ CPT 6 ACCOUNT REMIND CPT 6 CONTENT STUCK POINT FOCUS CPT 6 CONTENT	CPT 7 CONTENT REVIEWED HOMEWORK PROB PAT CPT 7 CONTENT TRAUMA ACCOUNT REMIND CPT 7 CONTENT CHALLENGING BELIEFS WORK CPT 7 CONTENT STUCK POINT EXAMPLE CPT 7 CONTENT SAFETY MODULE INTRO	CPT 8 CONTENT CHALLENGING BELIEFS REVIEW CPT 8 CONTENT SAFETY REVIEW CPT 8 CONTENT CHALLENGING BELEIFS WORK CPT 8 CONTENT TRUST INFO CPT 8 CONTENT CHALLENGING BELEIFS HMWRK	CPT 9 CONTENT CHALLENGING BELEIFS REVIEW CPT 9 CONTENT TRUST REVIEW CPT 9 CONTENT CHALLENGING BELEIFS WORK CPT 9 CONTENT POWER/CONTROL INFO CPT 9 CONTENT CHALLENGING BELIEFS HMWRK	CPT 10 CONTENT CHALLENGING BELIEF REVIEW CPT 10 CONTENT POWER/CONTROL REVIEW CPT 10 CONTENT WAYS OF GIVING CPT 10 CONTENT CHALLENGING BELEIFS WORK CPT 10 COTNENT ESTEEM INTRO COT 10 COTENT CHALLENGING BELEIFS HMWRK	CPT11 CONTENT CHALLENGING BELEIFS REVIEW CPT 11 CONTENT ESTEEM REVIEW CPT 11 CONTENT CHALLENGING BELEIFS WORK CPT 11 CONTENT INTIMACY INTRO	CPT 12 CONTENT CHALLENGING BELIEF REVIEW CPT 12 CONTENT INTIMACY REVIEW CPT 12 CONTENT IMPACT STATEMENT NEW CPT 12 CONTENT IMPACT STATEMENT

Component	CPT 1 HF	CPT 2 HF	CPT 3 HF	CPT 4 HF	CPT 5 HF	CPT 6 HF	CPT 7 HF	CPT 8 HF	CPT 9 HF	CPT 10 HF	CPT 11 HF	CPT 12 HF
	CPT 1 CONTENT DESCRIBE TRAUMA CPT 1 CONTENT STUCK POINT CPT 1 CONTENT IMPACT STAEMENT			TRAUMA ACCOUNT REWRITE		PROB PATTERN WORKSHEET	CPT 7 CONTENT CHALLENGING BELEIFS HMWRK			CPT 10 CONTENT COMPLIMENTS HMWRK	CPT 11 COTENT CHALLENGING BELEIFS HMWRK CPT 11 CONTENT IMPACT REWRITE HMWRK	COMPARE CPT 12 CONTENT SKILL FOCUS
Motivational Enhancement - All of the below Health Factors are the same across all of the templates												
<div><div><div>CPT 1 MOTIVATIONAL ENHANCEMENT GP</div></div><div>CPT 1 MOTIVATION ENHANCE BENEFITS</div></div> <div><div>CPT 1 MOTIVATION ENHANCE GOALS</div></div> <div>CPT 1 MOTIVATION ENHANCE ATTITUDES</div> <div><div>CPT 1 MOTIVATION ENHANCE CONSEQUENCES</div></div> <div>CPT 1 MOTIVATION ENHANCE BARRIERS</div>												
Collaboration - All of the below Health Factors are the same across all of the templates												
<div><div><div>CPT COLLABORATION GP</div></div><div>CPT COLLABORATION MEDIUM</div></div> <div><div>CPT DEGREE OF COLLABORATION TEXT</div></div> <div>CPT COLLABORATION HIGH</div> <div><div>CPT COLLABORATOION LOW</div></div> <div>CPT COLLABORATION THERAPEUTIC ALLIANCE GIVEN</div>												
Additional Session Info - All of the below Health Factors are the same across all of the templates												
CPT ADDONAL SESSION INFO GP				CPT ASSESS OTHER DESCRIPTION				CPT ADDITIONAL SESSION INFO CONTENT				
CPT ASSESS OTHER LEVEL OF ENGAGEMENT				CPT ASSESS OTHER MS FACTORS				CPT ASSESS OTHER SI/HI				
CPT ASSESS OTHER SUD				CPT ASSESS OTHER CULTURAL				CPT ASSESS OTHER SPIRITUAL				
Plan - All of the below Health Factors are the same across all of the templates												NA
CPT PLAN DT NEXT SESSION GP												
CPT PLAN DT NEXT SESSION												

CPT 1 Initial Phase Template Details

The below table details the content requirements to develop the CPT 1 templates.

TABLE 8 - CPT 1 TEMPLATE DETAIL

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
1	CPT 1 TITLE HEADER	dialog element				CPT 1 COGNITIVE PROCESSING INITIAL			Cognitive Processing Therapy: Individual Initial	
5	CPT TIME IN SESSION	dialog element							TIME IN SESSION	TIME IN SESSION:
	PXRM COMMENT	prompt						Comment:		
10	CPT 1 SESSION NUMBER GROUP	dialog group	SESSION NUMBER:	YES	2					SESSION NUMBER:
	CPT SESSION NUMBER 1	dialog element				CPT SESSION NUMBER 1			1	
	CPT SESSION NUMBER 2	dialog element				CPT SESSION NUMBER 2			2	
15	CPT SESSION FORMAT GP	dialog group	SESSION FORMAT	YES	2					SESSION FORMAT:
	CPT SESSION FACE TO FACE	dialog element				CPT SESSION FACE TO FACE			Face-to-Face Session	
	CPT SESSION TELEPHONE	dialog element				CPT SESSION TELEPHONE			Telephone Session	
	CPT SESSION VIDEO TELEHEALTH	dialog element				CPT SESSION VIDEO TELEHEALTH			Video Telehealth Session	
	CPT SESSION OTHER	dialog element				CPT SESSION OTHER			Other Session type	
	PXRM COMMENT	prompt						Comment:		
17	CPT SESSION LOCATION GP	dialog group	SESSION LOCATION:	YES	2					SESSION LOCATION:

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
	CPT LOCATION CLC	dialog element				CPT LOCATION CLC			Community Living Center	
	CPT LOCATION CBOC	dialog element				CPT LOCATION CBOC			CBOC	
	CPT LOCATION DOM	dialog element				CPT LOCATION DOM			Domiciliary	
	CPT LOCATION INPT MH	dialog element				CPT LOCATION INPT MH			Inpatient Mental Health	
	CPT LOCATION OEF/OIF	dialog element				CPT LOCATION OEF/OIF			OEF/OIF Clinic	
	CPT LOCATION MHC	dialog element				CPT LOCATION MHC			Mental Health Clinic	
	CPT LOCATION RRTP	dialog element				CPT LOCATION RRTP			MH Residential Rehabilitation Treatment Program (RRTP)	
	CPT LOCATION MHICM	dialog element				CPT LOCATION MHICM			MHICM	
	CPT LOCATION HBPC	dialog element				CPT LOCATION HBPC			Patient Residence - Home Based Primary Care	
	CPT LOCATION PT RESIDENCE	dialog element				CPT LOCATION PT RESIDENCE			Patient Residence - Other	
	CPT LOCATION PCT	dialog element				CPT LOCATION PCT			PTSD Clinical Team	
	CPT LOCATION PC	dialog element				CPT LOCATION PC			Primary Care	
	CPT LOCATION SUD	dialog element				CPT LOCATION SUD			Substance Use Disorder Clinic	
	CPT LOCATION PRRC	dialog element				CPT LOCATION PRRC			PRRC/Day Treatment	
	CPT LOCATION COMMUNITY	dialog element				CPT LOCATION COMMUNITY			Community/Non-VA	

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
	CPT LOCATION OTHER	dialog element				CPT LOCATION OTHER			Other	
	PXRM COMMENT	prompt						Comment:		
20	CPT DIAGNOSIS GP	dialog group	DIAGNOSIS	YES	2					DIAGNOSIS:
	CPT DIAGNOSIS PRIMARY	dialog element							Primary Diagnosis (focus of visit): PTSD	
	CPT DIAGNOSIS PRIMARY OTHER THAN PTSD	dialog element							Primary Diagnosis (if not PTSD):	
	PXRM COMMENT	prompt						Comment:		
	CPT DIAGNOSIS SECONDARY	dialog element							Secondary Diagnosis (if applicable):	
	PXRM COMMENT	prompt						Comment:		
23	CPT ASSESSMENT GP	dialog group	ASSESSMENT:	YES	2					ASSESSMENT:
	TEXT PTSD EVAL DISPLAY PCLC	dialog element					YES		PC-PTSD PCL	
	TEXT PTSD EVAL DISPLAY PCLC PLACE IN NOTE	dialog element					NO		Check here to place scores in note.	
	CPT MH PCLC	dialog element				PCLC	NO		PCL-C	
27	CPT 1 CONTENT GP	dialog group	SESSION CONTENT:	YES	2					SESSION CONTENT:
	CPT 1 CONTENT GENERAL INFO	dialog element							The veteran completed the first session of the Cognitive Processing Therapy (CPT) protocol and the following therapeutic components were completed:\ (Check all that apply to your session and provide explanation for items	

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
									with text boxes. If items were skipped in session or if patient did not complete the assignment please discuss a plan for addressing these elements in the following session).	
	CPT 1 CONTENT FACILITATE GP	dialog group		NO	2	CPT 1 CONTENT FACILITATE	NO		The therapist facilitated a good therapeutic relationship. The following elements were utilized to help establish a collaborative, positive working relationship with the patient:{FLD:BLANK WORD PROCESSING}\\	
	CPT 1 CONTENT CONSENT SIGNED	dialog element				CPT 1 CONTENT CONSENT SIGNED			Reviewed and signed treatment agreement consent form	
	CPT 1 CONTENT RATIONALE	dialog element				CPT 1 CONTENT RATIONALE			Provided an overview of PTSD symptoms, a cognitive explanation of the development and maintenance of PTSD, and a rationale of CPT.	
	PXRM COMMENT	prompt						Comment:		
	CPT 1 CONTENT OVERVIEW	dialog element				CPT 1 CONTENT OVERVIEW			Presented the patient with an overview of the 12-session treatment.	
	CPT 1 CONTENT ASSESS READINESS	dialog element				CPT 1 CONTENT ASSESS READINESS			Discussed patient's readiness to engage in treatment.\\	
	CPT 1 CONTENT ASSESS QUESTIONS	dialog element				CPT 1 CONTENT ASSESS QUESTIONS			Discussed and addressed patient's questions or concerns about treatment: {FLD:BLANK WORD PROCESSING}\\	
	CPT 1 CONTENT DESCRIBE TRAUMA	dialog element				CPT 1 CONTENT DESCRIBE TRAUMA			Asked the patient to describe a brief account of their most traumatic event.{FLD:BLANK WORD PROCESSING}\\	
	CPT 1 CONTENT STUCK POINT	dialog element				CPT 1 CONTENT STUCK POINT			Introduced the concept of stuck points and began creating a	

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
									stuck point log.	
	PXRM COMMENT	prompt						Comment:		
	CPT 1 CONTENT IMPACT STATEMENT	dialog element				CPT 1 CONTENT IMPACT STATEMNT			Asked patient to write one page Impact Statement" and create stuck point log for practice assignment. "	
	PXRM COMMENT	prompt						Comment:		
30	CPT 1 MOTIVATIONAL ENHANCEMENT GP	dialog group	MOTIVATIONAL ENHANCEMENT	YES	2					
	CPT 1 MOTIVATION ENHANCE GOALS	dialog element				CPT 1 MOTIVATION ENHANCE GOALS			Identified short-term goals in several areas of functioning.	
	PXRM COMMENT	prompt						Comment:		
	CPT 1 MOTIVATON ENHANCE CONSEQUENCES	dialog element				CPT 1 MOTIVATION ENHANCE CONSEQUENCES			Identified the consequences or impact of PTSD (or other symptoms).	
	PXRM COMMENT	prompt						Comment:		
	CPT 1 MOTIVATION ENHANCE BENEFITS	dialog element				CPT 1 MOTIVATION ENHANCE BENEFITS			Identified the benefits of reducing the severity of the PTSD.	
	PXRM COMMENT	prompt						Comment:		
	CPT 1 MOTIVATION ENHANCE ATTITUDES	dialog element				CPT 1 MOTIVATION ENHANCE ATTITUDES			Assessed attitudes and expectations for therapy.	
	PXRM COMMENT	prompt						Comment:		
	CPT 1 MOTIVATION ENHANCE BARRIERS	dialog element				CPT 1 MOTIVATION ENHANCE BARRIERS			Assessed any barriers to attending therapy and assisted the patient in problem-solving these barriers.	

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
	PXRM COMMENT	prompt						Comment:		
40	CPT COLLABORATION GP	dialog group	COLLABORATION:	YES	2					COLLABORATION:
	CPT DEGREE OF COLLABORATION TEXT	dialog element					NO		The degree of collaboration between the patient and the therapist in the current session was:	
	CPT COLLABORATION LOW	dialog element				CPT COLLABORATION LOW			Low	
	CPT COLLABORATION MEDIUM	dialog element				CPT COLLABORATION MEDIUM			Medium	
	CPT COLLABORATION HIGH	dialog element				CPT COLLABORATION HIGH			High	
	CPT COLLABORATION THERAPEUTIC ALLIANCE GIVEN	dialog element				CPT COLLABORATION THERAPEUTIC ALLIANCE			If a therapeutic alliance measure was given, please report results here.	
	PXRM COMMENT	prompt						Comment:		
42	CPT ADDITIONAL SESSION INFO GP	dialog group	ADDITIONAL SESSION INFORMATION	YES	2		NO			ADDITIONAL SESSION INFORMATION
	CPT ASSESS OTHER DESCRIPTION	dialog element					YES		Check to add information regarding: session content and reactions; level of engagement; MSE factors; SI/BI evaluation; SUD; cultural and spiritual influences.	
	CPT ADDITIONAL SESSION INFO CONTENT	dialog element							Reactions to Session Content: {FLD:BLANK WORD PROCESSING} \\\	

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
	CPT ASSESS OTHER LEVEL OF ENGAGEMENT	dialog element							Level of Engagement: {FLD:BLANK WORD PROCESSING} \\\	
	CPT ASSESS OTHER MS FACTORS	dialog element							Mental Status Factors: {FLD:BLANK WORD PROCESSING} \\\	
	CPT ASSESS OTHER SI/HI	dialog element							Suicidal/Homicidal Ideation Evaluation: {FLD:BLANK WORD PROCESSING} \\\	
	CPT ASSESS OTHER SUD	dialog element							Substance Abuse: {FLD:BLANK WORD PROCESSING} \\\	
	CPT ASSESS OTHER CULTURAL	dialog element							Cultural Influences: {FLD:BLANK WORD PROCESSING} \\\	
	CPT ASSESS OTHER SPIRITUAL	dialog element							Spiritual Influences: {FLD:BLANK WORD PROCESSING} \\\	
70	CPT PLAN DT NEXT SESSION GP	dialog group	ENTER TIME/DATE NEXT SESSION	YES	2					
	CPT PLAN DT NEXT SESSION	dialog element							Next session scheduled for: {FLD:WP-2VSHORT}	

CPT 2 Meaning Phase Template Details

The below table details the content requirements to develop the CPT 2 templates.

TABLE 9 - CPT 2 TEMPLATE DETAIL

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
1	CPT 2 TITLE HEADER	dialog element				CPT 2 COGNITIVE PROCESSING MEANING			Cognitive Processing Therapy: Meaning Session - Individual	
5	CPT TIME IN SESSION	dialog element							TIME IN SESSION	TIME IN SESSION:
	PXRM COMMENT	prompt						Comment:		
10	CPT 2 SESSION NUMBER GP	dialog group	SESSION NUMBER	YES	2					
	CPT SESSION NUMBER 2	dialog element				CPT SESSION NUMBER 2			2	
	CPT SESSION NUMBER 3	dialog element				CPT SESSION NUMBER 3			3	
15	CPT SESSION FORMAT GP	dialog group	SESSION FORMAT	YES	2					SESSION FORMAT:
	CPT SESSION FACE TO FACE	dialog element				CPT SESSION FACE TO FACE			Face-to-Face Session	
	CPT SESSION TELEPHONE	dialog element				CPT SESSION TELEPHONE			Telephone Session	
	CPT SESSION VIDEO TELEHEALTH	dialog element				CPT SESSION VIDEO TELEHEALTH			Video Telehealth Session	
	CPT SESSION OTHER	dialog element				CPT SESSION OTHER			Other Session type	
	PXRM COMMENT	prompt						Comment:		
17	CPT SESSION LOCATION GP	dialog group	SESSION LOCATION:	YES	2					SESSION LOCATION:
	CPT LOCATION CLC	dialog element				CPT LOCATION CLC			Community Living Center	
	CPT LOCATION CBOC	dialog element				CPT LOCATION CBOC			CBOC	
	CPT LOCATION DOM	dialog element				CPT LOCATION DOM			Domiciliary	
	CPT LOCATION INPT MH	dialog element				CPT LOCATION INPT MH			Inpatient Mental Health	

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
	CPT LOCATION OEF/OIF	dialog element				CPT LOCATION OEF/OIF			OEF/OIF Clinic	
	CPT LOCATION MHC	dialog element				CPT LOCATION MHC			Mental Health Clinic	
	CPT LOCATION RRTP	dialog element				CPT LOCATION RRTP			MH Residential Rehabilitation Treatment Program (RRTP)	
	CPT LOCATION MHICM	dialog element				CPT LOCATION MHICM			MHICM	
	CPT LOCATION HBPC	dialog element				CPT LOCATION HBPC			Patient Residence - Home Based Primary Care	
	CPT LOCATION PT RESIDENCE	dialog element				CPT LOCATION PT RESIDENCE			Patient Residence - Other	
	CPT LOCATION PCT	dialog element				CPT LOCATION PCT			PTSD Clinical Team	
	CPT LOCATION PC	dialog element				CPT LOCATION PC			Primary Care	
	CPT LOCATION SUD	dialog element				CPT LOCATION SUD			Substance Use Disorder Clinic	
	CPT LOCATION PRRC	dialog element				CPT LOCATION PRRC			PRRC/Day Treatment	
	CPT LOCATION COMMUNITY	dialog element				CPT LOCATION COMMUNITY			Community/Non-VA	
	CPT LOCATION OTHER	dialog element				CPT LOCATION OTHER			Other	
	PXRM COMMENT	prompt						Comment:		
20	CPT DIAGNOSIS GP	dialog group	DIAGNOSIS	YES	2					DIAGNOSIS:
	CPT DIAGNOSIS PRIMARY	dialog element							Primary Diagnosis (focus of visit): PTSD	
	CPT DIAGNOSIS PRIMARY OTHER THAN PTSD	dialog element							Primary Diagnosis (if not PTSD):	

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
	PXRM COMMENT	prompt						Comment:		
	CPT DIAGNOSIS SECONDARY	dialog element							Secondary Diagnosis (if applicable):	
	PXRM COMMENT	prompt						Comment:		
23	CPT ASSESSMENT GP	dialog group	ASSESSMENT:	YES	2					ASSESSMENT:
	TEXT PTSD EVAL DISPLAY PCLC	dialog element					YES		PC-PTSD PCL	
	TEXT PTSD EVAL DISPLAY PCLC PLACE IN NOTE	dialog element					NO		Check here to place scores in note.	
	CPT MH PCLC	dialog element				PCLC	NO		PCL-C	
30	CPT 2 CONTENT GP	dialog group	SESSION CONTENT	YES	2		NO			SESSION CONTENT:
	CPT 2 CONTENT SESSION COMPLETION TEXT	dialog element							The veteran completed the Meaning of the Event session of the Cognitive Processing Therapy (CPT) protocol. The following therapeutic components were completed: \\ (Check all that apply, provide explanation as needed. If items skipped/not completed, discuss how will be addressed)	
	CPT 2 CONTENT REVIEW STUCK LOG	dialog element				CPT 2 CONTENT REVIEW STUCK LOG			The patient and therapist reviewed the stuck point log.	
	PXRM COMMENT	prompt						Comment:		

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
	CPT 2 CONTENT READ IMPACT STATEMENT	dialog element				CPT 2 CONTENT READ IMPACT STATEMENT			Therapist had patient read their impact statement.	
	PXRM COMMENT	prompt						Comment:		
	CPT 2 CONTENT DISCUSSED MEANING	dialog element				CPT 2 CONTENT DISCUSSED MEANING			Discussed the meaning of the impact statement with the patient with a focus on identifying stuck points". "	
	PXRM COMMENT	prompt						Comment:		
	CPT 2 CONTENT COLLECT STATEMENT	dialog element				CPT 2 CONTENT COLLECT STATEMENT			Therapist collected impact statement from patient.	
	CPT 2 CONTENT INTRODUCED RELATIONSHIPS	dialog element				CPT 2 CONTENT INTRODUCED RELATIONSHIPS			Therapist introduced relationships between thoughts, feelings, and behaviors.	
	CPT 2 CONTENT ASSIGN PRACTICE	dialog element				CPT 2 CONTENT ASSIGN PRACTICE			Therapist assigned practice assignment to complete A-B-C sheets and demonstrated how to complete them in session.	
35	CPT COLLABORATION GP	dialog group	COLLABORATION:	YES	2					COLLABORATION:
	CPT DEGREE OF COLLABORATION TEXT	dialog element					NO		The degree of collaboration between the patient and the therapist in the current session was:	
	CPT COLLABORATION LOW	dialog element				CPT COLLABORATION LOW			Low	

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
	CPT COLLABORATION MEDIUM	dialog element				CPT COLLABORATION MEDIUM			Medium	
	CPT COLLABORATION HIGH	dialog element				CPT COLLABORATION HIGH			High	
	CPT COLLABORATION THERAPEUTIC ALLIANCE GIVEN	dialog element				CPT COLLABORATION THERAPEUTIC ALLIANCE			If a therapeutic alliance measure was given, please report results here.	
	PXRM COMMENT	prompt						Comment:		
40	CPT MOTIVATION ASSESSED GP	dialog group	MOTIVATIONAL ASSESSMENT	YES	2					MOTIVATIONAL ASSESSMENT:
	CPT MOTIVATION ASSESSED	dialog element				CPT MOTIVATION ASSESSED			If therapist assessed motivation and/or applied motivational enhancement strategies please indicate and describe below:	
	PXRM COMMENT	prompt						Comment:		
43	CPT ADDITIONAL SESSION INFO GP	dialog group	ADDITIONAL SESSION INFORMATION	YES	2		NO			ADDITIONAL SESSION INFORMATION
	CPT ASSESS OTHER DESCRIPTION	dialog element					YES		Check to add information regarding: session content and reactions; level of engagement; MSE factors; SI/HI evaluation; SUD; cultural and spiritual influences.	

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
	CPT ADDITIONAL SESSION INFO CONTENT	dialog element							Reactions to Session Content: {FLD:BLANK WORD PROCESSING} \\	
	CPT ASSESS OTHER LEVEL OF ENGAGEMENT	dialog element							Level of Engagement: {FLD:BLANK WORD PROCESSING} \\	
	CPT ASSESS OTHER MS FACTORS	dialog element							Mental Status Factors: {FLD:BLANK WORD PROCESSING} \\	
	CPT ASSESS OTHER SI/HI	dialog element							Suicidal/Homicidal Ideation Evaluation: {FLD:BLANK WORD PROCESSING} \\	
	CPT ASSESS OTHER SUD	dialog element							Substance Abuse: {FLD:BLANK WORD PROCESSING} \\	
	CPT ASSESS OTHER CULTURAL	dialog element							Cultural Influences: {FLD:BLANK WORD PROCESSING} \\	
	CPT ASSESS OTHER SPIRITUAL	dialog element							Spiritual Influences: {FLD:BLANK WORD PROCESSING} \\	
60	CPT PLAN DT NEXT SESSION GP	dialog group	ENTER TIME/DATE NEXT SESSION	YES	2					
	CPT PLAN DT NEXT SESSION	dialog element							Next session scheduled for: {FLD:WP-2VSHORT}	

CPT 3 ABC Phase Template Details

The below table details the content requirements to develop the CPT 3 templates.

TABLE 10 - CPT 3 TEMPLATE DETAIL

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
1	CPT 3 TITLE HEADER	dialog element				CPT 3 COGNITIVE PROCESSING ABC SHEET			Cognitive Processing Therapy: ABC Sheet Session - Individual	
5	CPT TIME IN SESSION	dialog element							TIME IN SESSION	TIME IN SESSION:
	PXRM COMMENT	prompt						Comment:		
10	CPT 3 SESSION NUMBER GP	dialog group	SESSION NUMBER:	YES	2					SESSION NUMBER:
	CPT SESSION NUMBER 2	dialog element				CPT SESSION NUMBER 2			2	
	CPT SESSION NUMBER 3	dialog element				CPT SESSION NUMBER 3			3	
	CPT SESSION NUMBER 4	dialog element				CPT SESSION NUMBER 4			4	
15	CPT SESSION FORMAT GP	dialog group	SESSION FORMAT	YES	2					SESSION FORMAT:
	CPT SESSION FACE TO FACE	dialog element				CPT SESSION FACE TO FACE			Face-to-Face Session	
	CPT SESSION TELEPHONE	dialog element				CPT SESSION TELEPHONE			Telephone Session	
	CPT SESSION VIDEO TELEHEALTH	dialog element				CPT SESSION VIDEO TELEHEALTH			Video Telehealth Session	
	CPT SESSION OTHER	dialog element				CPT SESSION OTHER			Other Session type	
	PXRM COMMENT	prompt						Comment:		
17	CPT SESSION LOCATION GP	dialog group	SESSION LOCATION:	YES	2					SESSION LOCATION:
	CPT LOCATION CLC	dialog element				CPT LOCATION CLC			Community Living Center	
	CPT LOCATION	dialog				CPT LOCATION			CBOC	

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
	CBOC	element				CBOC				
	CPT LOCATION DOM	dialog element				CPT LOCATION DOM			Domiciliary	
	CPT LOCATION INPT MH	dialog element				CPT LOCATION INPT MH			Inpatient Mental Health	
	CPT LOCATION OEF/OIF	dialog element				CPT LOCATION OEF/OIF			OEF/OIF Clinic	
	CPT LOCATION MHC	dialog element				CPT LOCATION MHC			Mental Health Clinic	
	CPT LOCATION RRTP	dialog element				CPT LOCATION RRTP			MH Residential Rehabilitation Treatment Program (RRTP)	
	CPT LOCATION MHICM	dialog element				CPT LOCATION MHICM			MHICM	
	CPT LOCATION HBPC	dialog element				CPT LOCATION HBPC			Patient Residence - Home Based Primary Care	
	CPT LOCATION PT RESIDENCE	dialog element				CPT LOCATION PT RESIDENCE			Patient Residence - Other	
	CPT LOCATION PCT	dialog element				CPT LOCATION PCT			PTSD Clinical Team	
	CPT LOCATION PC	dialog element				CPT LOCATION PC			Primary Care	
	CPT LOCATION SUD	dialog element				CPT LOCATION SUD			Substance Use Disorder Clinic	
	CPT LOCATION PRRC	dialog element				CPT LOCATION PRRC			PRRC/Day Treatment	
	CPT LOCATION COMMUNITY	dialog element				CPT LOCATION COMMUNITY			Community/Non-VA	
	CPT LOCATION OTHER	dialog element				CPT LOCATION OTHER			Other	
	PXRM COMMENT	prompt						Comment:		
20	CPT DIAGNOSIS GP	dialog group	DIAGNOSIS	YES	2					DIAGNOSIS:

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
	CPT DIAGNOSIS PRIMARY	dialog element							Primary Diagnosis (focus of visit): PTSD	
	CPT DIAGNOSIS PRIMARY OTHER THAN PTSD	dialog element							Primary Diagnosis (if not PTSD):	
	PXRM COMMENT	prompt						Comment:		
	CPT DIAGNOSIS SECONDARY	dialog element							Secondary Diagnosis (if applicable):	
	PXRM COMMENT	prompt						Comment:		
23	CPT ASSESSMENT GP	dialog group	ASSESSMENT:	YES	2					ASSESSMENT:
	TEXT PTSD EVAL DISPLAY PCLC	dialog element					YES		[PC-PTSD PCL]	
	TEXT PTSD EVAL DISPLAY PCLC PLACE IN NOTE	dialog element					NO		Check here to place scores in note.	
	CPT MH PCLC	dialog element				PCLC	NO		PCL-C	
30	CPT 3 CONTENT GP	dialog group	SESSION CONTENT	YES	2		NO			SESSION CONTENT:
	CPT 3 CONTENT SESSION COMPLETION TEXT	dialog element							The Veteran completed the Thoughts and Feelings Session of the Cognitive Processing Therapy (CPT) protocol. The following therapeutic components were completed:\\ (Check all that apply, provide explanation as needed. If items skipped/not completed, discuss how will be addressed)	

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
	CPT 3 CONTENT REVIEWED HOMEWORK (ABC)	dialog element				CPT 3 CONTENT REVIEWED HOMEWORK			Therapist reviewed homework (ABC sheets) with patient, and helped further differentiate between thoughts and feelings.	
	PXRM COMMENT	prompt						Comment:		
	CPT 3 CONTENT NO SHEETS (ABC)	dialog element				CPT 3 CONTENT NO SHEETS			If patient did not do any sheets, therapist asked patient to complete some in session.	
	CPT 3 CONTENT IDENTIFY STUCK POINTS	dialog element				CPT 3 CONTENT IDENTIFY STUCK POINTS			Therapist helped patient identify stuck points and add them to the Stuck point log.	
	PXRM COMMENT	prompt						Comment:		
	CPT 3 CONTENT SOCRATIC	dialog element				CPT 3 CONTENT SOCRATIC			Therapist helped the patient with some initial challenging of problematic thoughts using Socratic Questions.	
	PXRM COMMENT	prompt						Comment:		
	CPT 3 CONTENT WRITE TRAUMATIC EVENT	dialog element				CPT 3 CONTENT WRITE TRAUMATIC EVENT			Therapist asked patient to write an account of their most traumatic event, with full details. The therapist discussed avoidance and helped the patient challenge inaccurate thoughts about completing the assignment.	

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
35	CPT COLLABORATION GP	dialog group	COLLABORATION:	YES	2					COLLABORATION :
	CPT DEGREE OF COLLABORATION TEXT	dialog element					NO		The degree of collaboration between the patient and the therapist in the current session was:	
	CPT COLLABORATION LOW	dialog element				CPT COLLABORATION LOW			Low	
	CPT COLLABORATION MEDIUM	dialog element				CPT COLLABORATION MEDIUM			Medium	
	CPT COLLABORATION HIGH	dialog element				CPT COLLABORATION HIGH			High	
	CPT COLLABORATION THERAPEUTIC ALLIANCE GIVEN	dialog element				CPT COLLABORATION THERAPEUTIC ALLIANCE			If a therapeutic alliance measure was given, please report results here.	
	PXRM COMMENT	prompt						Comment:		
40	CPT MOTIVATION ASSESSED GP	dialog group	MOTIVATIONAL ASSESSMENT	YES	2					MOTIVATIONAL ASSESSMENT:
	CPT MOTIVATION ASSESSED	dialog element				CPT MOTIVATION ASSESSED			If therapist assessed motivation and/or applied motivational enhancement strategies please indicate and describe below:	
	PXRM COMMENT	prompt						Comment:		
43	CPT ADDITIONAL SESSION INFO GP	dialog group	ADDITIONAL SESSION INFORMATION	YES	2		NO			ADDITIONAL SESSION INFORMATION

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
	CPT ASSESS OTHER DESCRIPTION	dialog element					YES		Check to add information regarding: session content and reactions; level of engagement; MSE factors; SI/HI evaluation; SUD; cultural and spiritual influences.	
	CPT ADDITIONAL SESSION INFO CONTENT	dialog element							Reactions to Session Content: {FLD:BLANK WORD PROCESSING} \\\	
	CPT ASSESS OTHER LEVEL OF ENGAGEMENT	dialog element							Level of Engagement: {FLD:BLANK WORD PROCESSING} \\\	
	CPT ASSESS OTHER MS FACTORS	dialog element							Mental Status Factors: {FLD:BLANK WORD PROCESSING} \\\	
	CPT ASSESS OTHER SI/HI	dialog element							Suicidal/Homicidal Ideation Evaluation: {FLD:BLANK WORD PROCESSING} \\\	
	CPT ASSESS OTHER SUD	dialog element							Substance Abuse: {FLD:BLANK WORD PROCESSING} \\\	
	CPT ASSESS OTHER CULTURAL	dialog element							Cultural Influences: {FLD:BLANK WORD PROCESSING} \\\	
	CPT ASSESS OTHER SPIRITUAL	dialog element							Spiritual Influences: {FLD:BLANK WORD PROCESSING} \\\	

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
44	00 SPACER NOTE ONLY EL	dialog element								
45	CPT PLAN DT NEXT SESSION GP	dialog group	ENTER TIME/DATE NEXT SESSION	YES	2					
	CPT PLAN DT NEXT SESSION	dialog element							Next session scheduled for: {FLD:WP-2VSHORT}	

CPT 4 Trauma Phase Template Details

The below table details the content requirements to develop the CPT 4 templates.

TABLE 11 - CPT 4 TEMPLATE DETAIL

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
1	CPT 4 TITLE HEADER	dialog element				CPT 4 COGNITIVE PROCESSING TRAUMA EVENT			Cognitive Processing Therapy: Trauma Event Session - Individual	
5	CPT TIME IN SESSION	dialog element							TIME IN SESSION	TIME IN SESSION:
	PXRM COMMENT	prompt						Comment:		
10	CPT 4 SESSION NUMBER GP	dialog group	SESSION NUMBER:	YES	2					SESSION NUMBER:
	CPT SESSION NUMBER 3	dialog element				CPT SESSION NUMBER 3			3	
	CPT SESSION NUMBER 4	dialog element				CPT SESSION NUMBER 4			4	
	CPT SESSION NUMBER 5	dialog element				CPT SESSION NUMBER 5			5	
15	CPT SESSION FORMAT GP	dialog group	SESSION FORMAT	YES	2					SESSION FORMAT:
	CPT SESSION FACE TO FACE	dialog element				CPT SESSION FACE TO FACE			Face-to-Face Session	
	CPT SESSION TELEPHONE	dialog element				CPT SESSION TELEPHONE			Telephone Session	
	CPT SESSION VIDEO TELEHEALTH	dialog element				CPT SESSION VIDEO TELEHEALTH			Video Telehealth Session	
	CPT SESSION OTHER	dialog element				CPT SESSION OTHER			Other Session type	
	PXRM COMMENT	prompt						Comment:		
17	CPT SESSION LOCATION GP	dialog group	SESSION LOCATION:	YES	2					SESSION LOCATION:
	CPT LOCATION CLC	dialog element				CPT LOCATION CLC			Community Living Center	
	CPT LOCATION CBOC	dialog element				CPT LOCATION CBOC			CBOC	

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
	CPT LOCATION DOM	dialog element				CPT LOCATION DOM			Domiciliary	
	CPT LOCATION INPT MH	dialog element				CPT LOCATION INPT MH			Inpatient Mental Health	
	CPT LOCATION OEF/OIF	dialog element				CPT LOCATION OEF/OIF			OEF/OIF Clinic	
	CPT LOCATION MHC	dialog element				CPT LOCATION MHC			Mental Health Clinic	
	CPT LOCATION RRTP	dialog element				CPT LOCATION RRTP			MH Residential Rehabilitation Treatment Program (RRTP)	
	CPT LOCATION MHICM	dialog element				CPT LOCATION MHICM			MHICM	
	CPT LOCATION HBPC	dialog element				CPT LOCATION HBPC			Patient Residence - Home Based Primary Care	
	CPT LOCATION PT RESIDENCE	dialog element				CPT LOCATION PT RESIDENCE			Patient Residence - Other	
	CPT LOCATION PCT	dialog element				CPT LOCATION PCT			PTSD Clinical Team	
	CPT LOCATION PC	dialog element				CPT LOCATION PC			Primary Care	
	CPT LOCATION SUD	dialog element				CPT LOCATION SUD			Substance Use Disorder Clinic	
	CPT LOCATION PRRC	dialog element				CPT LOCATION PRRC			PRRC/Day Treatment	
	CPT LOCATION COMMUNITY	dialog element				CPT LOCATION COMMUNITY			Community/Non-VA	
	CPT LOCATION OTHER	dialog element				CPT LOCATION OTHER			Other	
	PXRM COMMENT	prompt						Comment:		
20	CPT DIAGNOSIS GP	dialog group	DIAGNOSIS	YES	2					DIAGNOSIS:
	CPT DIAGNOSIS PRIMARY	dialog element							Primary Diagnosis (focus of visit): PTSD	
	CPT DIAGNOSIS PRIMARY OTHER THAN PTSD	dialog element							Primary Diagnosis (if not PTSD):	

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
	PXRM COMMENT	prompt						Comment:		
	CPT DIAGNOSIS SECONDARY	dialog element							Secondary Diagnosis (if applicable):	
	PXRM COMMENT	prompt						Comment:		
23	CPT ASSESSMENT GP	dialog group	ASSESSMENT:	YES	2					ASSESSMENT:
	TEXT PTSD EVAL DISPLAY PCLC	dialog element					YES		[PC-PTSD PCL]	
	TEXT PTSD EVAL DISPLAY PCLC PLACE IN NOTE	dialog element					NO		Check here to place scores in note.	
	CPT MH PCLC	dialog element				PCLC	NO		PCL-C	
30	CPT 4 CONTENT GP	dialog group	SESSION CONTENT	YES	2		NO			SESSION CONTENT:
	CPT 4 CONTENT SESSION COMPLETION TEXT	dialog element							The veteran completed the Trauma Event session of the Cognitive Processing Therapy (CPT) protocol. The following therapeutic components were completed:\\ (Check all that apply, provide explanation as needed. If items skipped/not completed, discuss how will be addressed)	
	CPT 4 CONTENT REVIEWED HOMEWORK (ABC)	dialog element				CPT 4 CONTENT REVIEWED HOMEWORK (ABC)			Therapist reviewed completed ABC sheets with patient.	
	CPT 4 CONTENT TRAUMA ACCOUNT READ	dialog element				CPT 4 CONTENT TRAUMA ACCOUNT READ			Therapist had patient read the trauma account aloud.	
	PXRM COMMENT	prompt						Comment:		

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
	CPT 4 CONTENT TRAUMA RECOUNT IN SESSION	dialog element				CPT 4 CONTENT TRAUMA RECOUNT IN SESSION			If patient did not write the trauma account, therapist asked patient to recount the trauma during the session and did an A-B-C sheet on avoidance.	
	CPT 4 CONTENT SOCRATIC	dialog element				CPT 4 CONTENT SOCRATIC			Therapist helped the patient go through account to identify stuck points using Socratic Questioning.	
	PXRM COMMENT	prompt						Comment:		
	CPT 4 CONTENT FEEL THOUGHT CONNECT	dialog element				CPT 4 CONTENT FEEL THOUGHT CONNECT			Therapist helped patient connect feelings to thoughts.	
	PXRM COMMENT	prompt						Comment:		
	CPT 4 CONTENT TRAUMA ACCOUNT COLLECT	dialog element				CPT 4 CONTENT TRAUMA ACCOUNT COLLECT			Therapist collected trauma account from patient.	
	CPT 4 CONTENT TRAUMA ACCOUNT REWRITE	dialog element				CPT 4 CONTENT TRAUMA ACCOUNT REWRITE			Therapist asked patient to rewrite the trauma account and complete daily A-B-C sheets for their practice assignment.	
35	CPT COLLABORATION GP	dialog group	COLLABORATION:	YES	2					COLLABORATION :
	CPT DEGREE OF COLLABORATION TEXT	dialog element					NO		The degree of collaboration between the patient and the therapist in the current session was:	
	CPT COLLABORATION LOW	dialog element				CPT COLLABORATION LOW			Low	
	CPT COLLABORATION MEDIUM	dialog element				CPT COLLABORATION MEDIUM			Medium	
	CPT COLLABORATION HIGH	dialog element				CPT COLLABORATION HIGH			High	

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
	CPT COLLABORATION THERAPEUTIC ALLIANCE GIVEN	dialog element				CPT COLLABORATION THERAPEUTIC ALLIANCE			If a therapeutic alliance measure was given, please report results here.	
	PXRM COMMENT	prompt						Comment:		
40	CPT MOTIVATION ASSESSED GP	dialog group	MOTIVATIONAL ASSESSMENT	YES	2					MOTIVATIONAL ASSESSMENT:
	CPT MOTIVATION ASSESSED	dialog element				CPT MOTIVATION ASSESSED			If therapist assessed motivation and/or applied motivational enhancement strategies please indicate and describe below:	
	PXRM COMMENT	prompt						Comment:		
43	CPT ADDITIONAL SESSION INFO GP	dialog group	ADDITIONAL SESSION INFORMATION	YES	2		NO			ADDITIONAL SESSION INFORMATION
	CPT ASSESS OTHER DESCRIPTION	dialog element					YES		Check to add information regarding: session content and reactions; level of engagement; MSE factors; SI/HI evaluation; SUD; cultural and spiritual influences.	
	CPT ADDITIONAL SESSION INFO CONTENT	dialog element							Reactions to Session Content: {FLD:BLANK WORD PROCESSING} \\\	
	CPT ASSESS OTHER LEVEL OF ENGAGEMENT	dialog element							Level of Engagement: {FLD:BLANK WORD PROCESSING} \\\	
	CPT ASSESS OTHER MS FACTORS	dialog element							Mental Status Factors: {FLD:BLANK WORD PROCESSING} \\\	
	CPT ASSESS OTHER SI/HI	dialog element							Suicidal/Homicidal Ideation Evaluation: {FLD:BLANK WORD PROCESSING} \\\	

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
	CPT ASSESS OTHER SUD	dialog element							Substance Abuse: {FLD:BLANK WORD PROCESSING} \\\	
	CPT ASSESS OTHER CULTURAL	dialog element							Cultural Influences: {FLD:BLANK WORD PROCESSING} \\\	
	CPT ASSESS OTHER SPIRITUAL	dialog element							Spiritual Influences: {FLD:BLANK WORD PROCESSING} \\\	
44	00 SPACER NOTE ONLY EL	dialog element								
45	CPT PLAN DT NEXT SESSION GP	dialog group	ENTER TIME/DATE NEXT SESSION	YES	2					
	CPT PLAN DT NEXT SESSION	dialog element							Next session scheduled for: {FLD:WP-2VSHORT}	

CPT 5 Rewrite Phase Template Details

The below table details the content requirements to develop the CPT 5 templates.

TABLE 12 - CPT 5 TEMPLATE DETAIL

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
1	CPT 5 TITLE HEADER	dialog element				CPT 5 COGNITIVE PROCESSING REWRITE EVENT			Cognitive Processing Therapy: Re-write Event Session - Individual	
5	CPT TIME IN SESSION	dialog element							TIME IN SESSION	TIME IN SESSION:
	PXRM COMMENT	prompt						Comment:		
10	CPT 5 SESSION NUMBER GP	dialog group	SESSION NUMBER:	YES	2					SESSION NUMBER:
	CPT SESSION NUMBER 4	dialog element				CPT SESSION NUMBER 4			4	
	CPT SESSION NUMBER 5	dialog element				CPT SESSION NUMBER 5			5	
	CPT SESSION NUMBER 6	dialog element				CPT SESSION NUMBER 6			6	
15	CPT SESSION FORMAT GP	dialog group	SESSION FORMAT	YES	2					SESSION FORMAT:
	CPT SESSION FACE TO FACE	dialog element				CPT SESSION FACE TO FACE			Face-to-Face Session	
	CPT SESSION TELEPHONE	dialog element				CPT SESSION TELEPHONE			Telephone Session	
	CPT SESSION VIDEO TELEHEALTH	dialog element				CPT SESSION VIDEO TELEHEALTH			Video Telehealth Session	
	CPT SESSION OTHER	dialog element				CPT SESSION OTHER			Other Session type	
	PXRM COMMENT	prompt						Comment:		
17	CPT SESSION LOCATION GP	dialog group	SESSION LOCATION:	YES	2					SESSION LOCATION:
	CPT LOCATION CLC	dialog element				CPT LOCATION CLC			Community Living Center	
	CPT LOCATION CBOC	dialog element				CPT LOCATION CBOC			CBOC	

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
	CPT LOCATION DOM	dialog element				CPT LOCATION DOM			Domiciliary	
	CPT LOCATION INPT MH	dialog element				CPT LOCATION INPT MH			Inpatient Mental Health	
	CPT LOCATION OEF/OIF	dialog element				CPT LOCATION OEF/OIF			OEF/OIF Clinic	
	CPT LOCATION MHC	dialog element				CPT LOCATION MHC			Mental Health Clinic	
	CPT LOCATION RRTP	dialog element				CPT LOCATION RRTP			MH Residential Rehabilitation Treatment Program (RRTP)	
	CPT LOCATION MHICM	dialog element				CPT LOCATION MHICM			MHICM	
	CPT LOCATION HBPC	dialog element				CPT LOCATION HBPC			Patient Residence - Home Based Primary Care	
	CPT LOCATION PT RESIDENCE	dialog element				CPT LOCATION PT RESIDENCE			Patient Residence - Other	
	CPT LOCATION PCT	dialog element				CPT LOCATION PCT			PTSD Clinical Team	
	CPT LOCATION PC	dialog element				CPT LOCATION PC			Primary Care	
	CPT LOCATION SUD	dialog element				CPT LOCATION SUD			Substance Use Disorder Clinic	
	CPT LOCATION PRRC	dialog element				CPT LOCATION PRRC			PRRC/Day Treatment	
	CPT LOCATION COMMUNITY	dialog element				CPT LOCATION COMMUNITY			Community/Non-VA	
	CPT LOCATION OTHER	dialog element				CPT LOCATION OTHER			Other	
	PXRM COMMENT	prompt						Comment:		
20	CPT DIAGNOSIS GP	dialog group	DIAGNOSIS	YES	2					DIAGNOSIS:
	CPT DIAGNOSIS PRIMARY	dialog element							Primary Diagnosis (focus of visit): PTSD	
	CPT DIAGNOSIS PRIMARY OTHER THAN PTSD	dialog element							Primary Diagnosis (if not PTSD):	

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
	PXRM COMMENT	prompt						Comment:		
	CPT DIAGNOSIS SECONDARY	dialog element							Secondary Diagnosis (if applicable):	
	PXRM COMMENT	prompt						Comment:		
23	CPT ASSESSMENT GP	dialog group	ASSESSMENT:	YES	2					ASSESSMENT:
	TEXT PTSD EVAL DISPLAY PCLC	dialog element					YES		[PC-PTSD PCL]	
	TEXT PTSD EVAL DISPLAY PCLC PLACE IN NOTE	dialog element					NO		Check here to place scores in note.	
	CPT MH PCLC	dialog element				PCLC	NO		PCL-C	
30	CPT 5 CONTENT GP	dialog group	SESSION CONTENT	YES	2		NO			SESSION CONTENT:
	CPT 5 CONTENT SESSION COMPLETION TEXT	dialog element							The veteran completed the Re-write of Trauma Event session of the Cognitive Processing Therapy (CPT) protocol. The following therapeutic components were completed:\\ (Check all that apply, provide explanation as needed. If items skipped/not completed, discuss how will be addressed)	
	CPT 5 CONTENT REVIEWED HOMEWORK (ABC)	dialog element				CPT 5 CONTENT REVIEWED HOMEWORK (ABC)			Therapist reviewed completed ABC sheets with patient and helped the patient challenge distorted beliefs.	
	PXRM COMMENT	prompt						Comment:		

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
	CPT 5 CONTENT TRAUMA ACCOUNT READ	dialog element				CPT 5 CONTENT TRAUMA ACCOUNT READ			Therapist had patient read the re-writing of the trauma account and helped the patient review the account for additional stuck points.	
	PXRM COMMENT	prompt						Comment:		
	CPT 5 CONTENT SOCRATIC	dialog element				CPT 5 CONTENT SOCRATIC			Therapist targeted cognitions about blame and/or guilt for cognitive restructuring using Socratic Questions.	
	PXRM COMMENT	prompt						Comment:		
	CPT 5 CONTENT CHALLENGING QUESTIONS	dialog element				CPT 5 CONTENT CHALLENGING QUESTIONS			Therapist introduced the Challenging Questions to aid in challenging stuck points and assigned stuck points to be challenged off of the Stuck Point Log. Patient was asked to complete one sheet a day.	
	PXRM COMMENT	prompt						Comment:		
	CPT 5 CONTENT TRAUMA ACCOUNT ADDL	dialog element				CPT 5 CONTENT TRAUMA ACCOUNT ADDL			Therapist asked patient to write an additional trauma account if patient felt there was another trauma that needed to be discussed.	
35	CPT COLLABORATION GP	dialog group	COLLABORATION:	YES	2					COLLABORATION:

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
	CPT DEGREE OF COLLABORATION TEXT	dialog element					NO		The degree of collaboration between the patient and the therapist in the current session was:	
	CPT COLLABORATION LOW	dialog element				CPT COLLABORATION LOW			Low	
	CPT COLLABORATION MEDIUM	dialog element				CPT COLLABORATION MEDIUM			Medium	
	CPT COLLABORATION HIGH	dialog element				CPT COLLABORATION HIGH			High	
	CPT COLLABORATION THERAPEUTIC ALLIANCE GIVEN	dialog element				CPT COLLABORATION THERAPEUTIC ALLIANCE			If a therapeutic alliance measure was given, please report results here.	
	PXRM COMMENT	prompt						Comment:		
40	CPT MOTIVATION ASSESSED GP	dialog group	MOTIVATIONAL ASSESSMENT	YES	2					MOTIVATIONAL ASSESSMENT:
	CPT MOTIVATION ASSESSED	dialog element				CPT MOTIVATION ASSESSED			If therapist assessed motivation and/or applied motivational enhancement strategies please indicate and describe below:	
	PXRM COMMENT	prompt						Comment:		
43	CPT ADDITIONAL SESSION INFO GP	dialog group	ADDITIONAL SESSION INFORMATION	YES	2		NO			ADDITIONAL SESSION INFORMATION

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
	CPT ASSESS OTHER DESCRIPTION	dialog element					YES		Check to add information regarding: session content and reactions; level of engagement; MSE factors; SI/HI evaluation; SUD; cultural and spiritual influences.	
	CPT ADDITIONAL SESSION INFO CONTENT	dialog element							Reactions to Session Content: {FLD:BLANK WORD PROCESSING} \\ \	
	CPT ASSESS OTHER LEVEL OF ENGAGEMENT	dialog element							Level of Engagement: {FLD:BLANK WORD PROCESSING} \\ \	
	CPT ASSESS OTHER MS FACTORS	dialog element							Mental Status Factors: {FLD:BLANK WORD PROCESSING} \\ \	
	CPT ASSESS OTHER SI/HI	dialog element							Suicidal/Homicidal Ideation Evaluation: {FLD:BLANK WORD PROCESSING} \\ \	
	CPT ASSESS OTHER SUD	dialog element							Substance Abuse: {FLD:BLANK WORD PROCESSING} \\ \	
	CPT ASSESS OTHER CULTURAL	dialog element							Cultural Influences: {FLD:BLANK WORD PROCESSING} \\ \	
	CPT ASSESS OTHER SPIRITUAL	dialog element							Spiritual Influences: {FLD:BLANK WORD PROCESSING} \\ \	
44	00 SPACER NOTE ONLY EL	dialog element								
45	CPT PLAN DT NEXT SESSION GP	dialog group	ENTER TIME/DATE NEXT SESSION	YES	2					

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
	CPT PLAN DT NEXT SESSION	dialog element							Next session scheduled for: {FLD:WP-2VSHORT}	

CPT 6 Rewrite Phase Template Details

The below table details the content requirements to develop the CPT 6 templates.

TABLE 13 - CPT 6 TEMPLATE DETAIL

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
1	CPT 6 TITLE HEADER	dialog element				CPT 6 COGNITIVE PROCESSING CHALLENGING			Cognitive Processing Therapy: Challenging Questions Session - Individual	
5	CPT TIME IN SESSION	dialog element							TIME IN SESSION	TIME IN SESSION:
	PXRM COMMENT	prompt						Comment:		
10	CPT 6 SESSION NUMBER GP	dialog group	SESSION NUMBER:	YES	2					SESSION NUMBER:
	CPT SESSION NUMBER 5	dialog element				CPT SESSION NUMBER 5			5	
	CPT SESSION NUMBER 6	dialog element				CPT SESSION NUMBER 6			6	
	CPT SESSION NUMBER 7	dialog element				CPT SESSION NUMBER 7			7	
15	CPT SESSION FORMAT GP	dialog group	SESSION FORMAT	YES	2					SESSION FORMAT:
	CPT SESSION FACE TO FACE	dialog element				CPT SESSION FACE TO FACE			Face-to-Face Session	
	CPT SESSION TELEPHONE	dialog element				CPT SESSION TELEPHONE			Telephone Session	
	CPT SESSION VIDEO TELEHEALTH	dialog element				CPT SESSION VIDEO TELEHEALTH			Video Telehealth Session	
	CPT SESSION OTHER	dialog element				CPT SESSION OTHER			Other Session type	
	PXRM COMMENT	prompt						Comment:		
17	CPT SESSION LOCATION GP	dialog group	SESSION LOCATION:	YES	2					SESSION LOCATION:
	CPT LOCATION CLC	dialog element				CPT LOCATION CLC			Community Living Center	
	CPT LOCATION CBOC	dialog element				CPT LOCATION CBOC			CBOC	
	CPT LOCATION DOM	dialog element				CPT LOCATION DOM			Domiciliary	

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
	CPT LOCATION INPT MH	dialog element				CPT LOCATION INPT MH			Inpatient Mental Health	
	CPT LOCATION OEF/OIF	dialog element				CPT LOCATION OEF/OIF			OEF/OIF Clinic	
	CPT LOCATION MHC	dialog element				CPT LOCATION MHC			Mental Health Clinic	
	CPT LOCATION RRTP	dialog element				CPT LOCATION RRTP			MH Residential Rehabilitation Treatment Program (RRTP)	
	CPT LOCATION MHICM	dialog element				CPT LOCATION MHICM			MHICM	
	CPT LOCATION HBPC	dialog element				CPT LOCATION HBPC			Patient Residence - Home Based Primary Care	
	CPT LOCATION PT RESIDENCE	dialog element				CPT LOCATION PT RESIDENCE			Patient Residence - Other	
	CPT LOCATION PCT	dialog element				CPT LOCATION PCT			PTSD Clinical Team	
	CPT LOCATION PC	dialog element				CPT LOCATION PC			Primary Care	
	CPT LOCATION SUD	dialog element				CPT LOCATION SUD			Substance Use Disorder Clinic	
	CPT LOCATION PRRC	dialog element				CPT LOCATION PRRC			PRRC/Day Treatment	
	CPT LOCATION COMMUNITY	dialog element				CPT LOCATION COMMUNITY			Community/Non-VA	
	CPT LOCATION OTHER	dialog element				CPT LOCATION OTHER			Other	
	PXRM COMMENT	prompt						Comment:		
20	CPT DIAGNOSIS GP	dialog group	DIAGNOSIS	YES	2					DIAGNOSIS:
	CPT DIAGNOSIS PRIMARY	dialog element							Primary Diagnosis (focus of visit): PTSD	
	CPT DIAGNOSIS PRIMARY OTHER THAN PTSD	dialog element							Primary Diagnosis (if not PTSD):	
	PXRM COMMENT	prompt						Comment:		
	CPT DIAGNOSIS SECONDARY	dialog element							Secondary Diagnosis (if applicable):	

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
	PXRM COMMENT	prompt						Comment:		
23	CPT ASSESSMENT GP	dialog group	ASSESSMENT:	YES	2					ASSESSMENT:
	TEXT PTSD EVAL DISPLAY PCLC	dialog element					YES		[PC-PTSD PCL]	
	TEXT PTSD EVAL DISPLAY PCLC PLACE IN NOTE	dialog element					NO		Check here to place scores in note.	
	CPT MH PCLC	dialog element				PCLC	NO		PCL-C	
30	CPT 6 CONTENT GP	dialog group	SESSION CONTENT	YES	2		NO			SESSION CONTENT:
	CPT 6 CONTENT SESSION COMPLETION TEXT	dialog element							The veteran completed the Challenging Questions Session of the Cognitive Processing Therapy (CPT) protocol. The following therapeutic components were completed:\\ (Check all that apply, provide explanation as needed. If items skipped/not completed, discuss how will be addressed)	
	CPT 6 CONTENT REVIEWED HOMEWORK (CQS)	dialog element				CPT 6 CONTENT REVIEWED HOMEWORK (CQS)			Therapist and patient reviewed the patient's completed Challenging Questions Sheets (CQS).	
	PXRM COMMENT	prompt						Comment:		
	CPT 6 CONTENT TRAUMA ACCOUNT READ	dialog element				CPT 6 CONTENT TRAUMA ACCOUNT READ			Therapist had patient read the trauma account if the patient wrote an additional one.	
	PXRM COMMENT	prompt						Comment:		

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
	CPT 6 CONTENT TRAUMA ACCOUNT REMIND	dialog element				CPT 6 CONTENT TRAUMA ACCOUNT REMIND			Therapist reminded the patient to continue reading all trauma accounts if they were still leading to strong negative thoughts or feelings.	
	CPT 6 CONTENT STUCK POINT FOCUS	dialog element				CPT 6 CONTENT STUCK POINT FOCUS			Therapist helped patient focus on stuck points related to self-blame and hindsight bias.	
	PXRM COMMENT	prompt						Comment:		
	CPT 6 CONTENT PROB PATTERN WORKSHEET	dialog element				CPT 6 CONTENT PROB PATTERN WORKSHEET			Therapist introduced Problematic Thinking Patterns Worksheet (e.g., minimization/exaggeration, all-or-none thinking) and examples from the patient's thinking about the traumatic event and life in general were used to illustrate these patterns. Patient was asked to complete one a day for the practice assignment.	
	PXRM COMMENT	prompt						Comment:		
35	CPT COLLABORATION GP	dialog group	COLLABORATION:	YES	2					COLLABORATION:
	CPT DEGREE OF COLLABORATION TEXT	dialog element					NO		The degree of collaboration between the patient and the therapist in the current session was:	
	CPT COLLABORATION LOW	dialog element				CPT COLLABORATION LOW			Low	

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
	CPT COLLABORATION MEDIUM	dialog element				CPT COLLABORATION MEDIUM			Medium	
	CPT COLLABORATION HIGH	dialog element				CPT COLLABORATION HIGH			High	
	CPT COLLABORATION THERAPEUTIC ALLIANCE GIVEN	dialog element				CPT COLLABORATION THERAPEUTIC ALLIANCE			If a therapeutic alliance measure was given, please report results here.	
	PXRM COMMENT	prompt						Comment:		
40	CPT MOTIVATION ASSESSED GP	dialog group	MOTIVATIONAL ASSESSMENT	YES	2					MOTIVATIONAL ASSESSMENT:
	CPT MOTIVATION ASSESSED	dialog element				CPT MOTIVATION ASSESSED			If therapist assessed motivation and/or applied motivational enhancement strategies please indicate and describe below:	
	PXRM COMMENT	prompt						Comment:		
43	CPT ADDITIONAL SESSION INFO GP	dialog group	ADDITIONAL SESSION INFORMATION	YES	2		NO			ADDITIONAL SESSION INFORMATION
	CPT ASSESS OTHER DESCRIPTION	dialog element					YES		Check to add information regarding: session content and reactions; level of engagement; MSE factors; SI/HI evaluation; SUD; cultural and spiritual influences.	
	CPT ADDITIONAL SESSION INFO CONTENT	dialog element							Reactions to Session Content: {FLD:BLANK WORD PROCESSING} \\\	

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
	CPT ASSESS OTHER LEVEL OF ENGAGEMENT	dialog element							Level of Engagement: {FLD:BLANK WORD PROCESSING} \\\	
	CPT ASSESS OTHER MS FACTORS	dialog element							Mental Status Factors: {FLD:BLANK WORD PROCESSING} \\\	
	CPT ASSESS OTHER SI/HI	dialog element							Suicidal/Homicidal Ideation Evaluation: {FLD:BLANK WORD PROCESSING} \\\	
	CPT ASSESS OTHER SUD	dialog element							Substance Abuse: {FLD:BLANK WORD PROCESSING} \\\	
	CPT ASSESS OTHER CULTURAL	dialog element							Cultural Influences: {FLD:BLANK WORD PROCESSING} \\\	
	CPT ASSESS OTHER SPIRITUAL	dialog element							Spiritual Influences: {FLD:BLANK WORD PROCESSING} \\\	
44	00 SPACER NOTE ONLY EL	dialog element								
45	CPT PLAN DT NEXT SESSION GP	dialog group	ENTER TIME/DATE NEXT SESSION	YES	2					
	CPT PLAN DT NEXT SESSION	dialog element							Next session scheduled for: {FLD:WP-2VSHORT}	

CPT 7 Problematic Thinking Session Phase Template Details

The below table details the content requirements to develop the CPT 7 templates.

TABLE 14 - CPT 7 TEMPLATE DETAIL

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
1	CPT 7 TITLE HEADER	dialog element				CPT 7 COGNITIVE PROCESSING PROBLEMATIC			Cognitive Processing Therapy: Problematic Thinking Session - Individual	
5	CPT TIME IN SESSION	dialog element							TIME IN SESSION	TIME IN SESSION:
	PXRM COMMENT	prompt						Comment:		
10	CPT 7 SESSION NUMBER GP	dialog group	SESSION NUMBER:	YES	2					SESSION NUMBER:
	CPT SESSION NUMBER 6	dialog element				CPT SESSION NUMBER 6			6	
	CPT SESSION NUMBER 7	dialog element				CPT SESSION NUMBER 7			7	
	CPT SESSION NUMBER 8	dialog element				CPT SESSION NUMBER 8			8	
15	CPT SESSION FORMAT GP	dialog group	SESSION FORMAT	YES	2					SESSION FORMAT:
	CPT SESSION FACE TO FACE	dialog element				CPT SESSION FACE TO FACE			Face-to-Face Session	
	CPT SESSION TELEPHONE	dialog element				CPT SESSION TELEPHONE			Telephone Session	
	CPT SESSION VIDEO TELEHEALTH	dialog element				CPT SESSION VIDEO TELEHEALTH			Video Telehealth Session	
	CPT SESSION OTHER	dialog element				CPT SESSION OTHER			Other Session type	
	PXRM COMMENT	prompt						Comment:		
17	CPT SESSION LOCATION GP	dialog group	SESSION LOCATION:	YES	2					SESSION LOCATION:
	CPT LOCATION CLC	dialog element				CPT LOCATION CLC			Community Living Center	
	CPT LOCATION CBOC	dialog element				CPT LOCATION CBOC			CBOC	
	CPT LOCATION DOM	dialog element				CPT LOCATION DOM			Domiciliary	

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
	CPT LOCATION INPT MH	dialog element				CPT LOCATION INPT MH			Inpatient Mental Health	
	CPT LOCATION OEF/OIF	dialog element				CPT LOCATION OEF/OIF			OEF/OIF Clinic	
	CPT LOCATION MHC	dialog element				CPT LOCATION MHC			Mental Health Clinic	
	CPT LOCATION RRTP	dialog element				CPT LOCATION RRTP			MH Residential Rehabilitation Treatment Program (RRTP)	
	CPT LOCATION MHICM	dialog element				CPT LOCATION MHICM			MHICM	
	CPT LOCATION HBPC	dialog element				CPT LOCATION HBPC			Patient Residence - Home Based Primary Care	
	CPT LOCATION PT RESIDENCE	dialog element				CPT LOCATION PT RESIDENCE			Patient Residence - Other	
	CPT LOCATION PCT	dialog element				CPT LOCATION PCT			PTSD Clinical Team	
	CPT LOCATION PC	dialog element				CPT LOCATION PC			Primary Care	
	CPT LOCATION SUD	dialog element				CPT LOCATION SUD			Substance Use Disorder Clinic	
	CPT LOCATION PRRC	dialog element				CPT LOCATION PRRC			PRRC/Day Treatment	
	CPT LOCATION COMMUNITY	dialog element				CPT LOCATION COMMUNITY			Community/Non-VA	
	CPT LOCATION OTHER	dialog element				CPT LOCATION OTHER			Other	
	PXRM COMMENT	prompt						Comment:		
20	CPT DIAGNOSIS GP	dialog group	DIAGNOSIS	YES	2					DIAGNOSIS:
	CPT DIAGNOSIS PRIMARY	dialog element							Primary Diagnosis (focus of visit): PTSD	
	CPT DIAGNOSIS PRIMARY OTHER THAN PTSD	dialog element							Primary Diagnosis (if not PTSD):	
	PXRM COMMENT	prompt						Comment:		
	CPT DIAGNOSIS SECONDARY	dialog element							Secondary Diagnosis (if applicable):	

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
	PXRM COMMENT	prompt						Comment:		
23	CPT ASSESSMENT GP	dialog group	ASSESSMENT:	YES	2					ASSESSMENT:
	TEXT PTSD EVAL DISPLAY PCLC	dialog element					YES		[PC-PTSD PCL]	
	TEXT PTSD EVAL DISPLAY PCLC PLACE IN NOTE	dialog element					NO		Check here to place scores in note.	
	CPT MH PCLC	dialog element				PCLC	NO		PCL-C	
30	CPT 7 CONTENT GP	dialog group	SESSION CONTENT	YES	2		NO			SESSION CONTENT:
	CPT 7 CONTENT SESSION COMPLETION TEXT	dialog element							The veteran completed the Problematic Thinking Patterns Session of the Cognitive Processing Therapy (CPT) protocol. The following therapeutic components were completed:\\ (Check all that apply, provide explanation as needed. If items skipped/not completed, discuss how will be addressed)	
	CPT 7 CONTENT REVIEWED HOMEWORK PROB PATTERN	dialog element				CPT 7 CONTENT REVIEWED HOMEWORK PROB PAT			Therapist and patient reviewed patient's completed Problematic Thinking Patterns sheet.	
	PXRM COMMENT	prompt						Comment:		
	CPT 7 CONTENT TRAUMA ACCOUNT REMIND	dialog element				CPT 7 CONTENT TRAUMA ACCOUNT REMIND			Therapist reminded the patient to continue reading all trauma accounts	
	CPT 7 CONTENT CHALLENGING BELIEFS WORK	dialog element				CPT 7 CONTENT CHALLENGING BELIEFS WORK			Therapist introduced the Challenging Beliefs worksheet as a method of self-guided cognitive restructuring.	
	PXRM COMMENT	prompt						Comment:		

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
	CPT 7 CONTENT STUCK POINT EXAMPLE	dialog element				CPT 7 CONTENT STUCK POINT EXAMPLE			An example stuck point was used to illustrate the use of the worksheet.	
	PXRM COMMENT	prompt						Comment:		
	CPT 7 CONTENT SAFETY MODULE INTRO	dialog element				CPT 7 CONTENT SAFETY MODULE INTRO			Therapist introduced the Safety module and the patient was asked to review the handout before the next session.	
	CPT 7 CONTENT CHALLENGING BELIEFS HMWRK	dialog element				CPT 7 CONTENT CHALLENGING BELIEFS HMWRK			Patient was asked to complete one Challenging Beliefs worksheet each day, with at least one sheet on Safety.	
35	CPT COLLABORATION GP	dialog group	COLLABORATION:	YES	2					COLLABORATION:
	CPT DEGREE OF COLLABORATION TEXT	dialog element					NO		The degree of collaboration between the patient and the therapist in the current session was:	
	CPT COLLABORATION LOW	dialog element				CPT COLLABORATION LOW			Low	
	CPT COLLABORATION MEDIUM	dialog element				CPT COLLABORATION MEDIUM			Medium	
	CPT COLLABORATION HIGH	dialog element				CPT COLLABORATION HIGH			High	
	CPT COLLABORATION THERAPEUTIC ALLIANCE GIVEN	dialog element				CPT COLLABORATION THERAPEUTIC ALLIANCE			If a therapeutic alliance measure was given, please report results here.	
	PXRM COMMENT	prompt						Comment:		
40	CPT MOTIVATION ASSESSED GP	dialog group	MOTIVATIONAL ASSESSMENT	YES	2					MOTIVATIONAL ASSESSMENT:

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
	CPT MOTIVATION ASSESSED	dialog element				CPT MOTIVATION ASSESSED			If therapist assessed motivation and/or applied motivational enhancement strategies please indicate and describe below:	
	PXRM COMMENT	prompt						Comment:		
43	CPT ADDITIONAL SESSION INFO GP	dialog group	ADDITIONAL SESSION INFORMATION	YES	2		NO			ADDITIONAL SESSION INFORMATION
	CPT ASSESS OTHER DESCRIPTION	dialog element					YES		Check to add information regarding: session content and reactions; level of engagement; MSE factors; SI/HI evaluation; SUD; cultural and spiritual influences.	
	CPT ADDITIONAL SESSION INFO CONTENT	dialog element							Reactions to Session Content: {FLD:BLANK WORD PROCESSING} \\\	
	CPT ASSESS OTHER LEVEL OF ENGAGEMENT	dialog element							Level of Engagement: {FLD:BLANK WORD PROCESSING} \\\	
	CPT ASSESS OTHER MS FACTORS	dialog element							Mental Status Factors: {FLD:BLANK WORD PROCESSING} \\\	
	CPT ASSESS OTHER SI/HI	dialog element							Suicidal/Homicidal Ideation Evaluation: {FLD:BLANK WORD PROCESSING} \\\	
	CPT ASSESS OTHER SUD	dialog element							Substance Abuse: {FLD:BLANK WORD PROCESSING} \\\	
	CPT ASSESS OTHER CULTURAL	dialog element							Cultural Influences: {FLD:BLANK WORD PROCESSING} \\\	
	CPT ASSESS OTHER SPIRITUAL	dialog element							Spiritual Influences: {FLD:BLANK WORD PROCESSING} \\\	

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
44	00 SPACER NOTE ONLY EL	dialog element								
45	CPT PLAN DT NEXT SESSION GP	dialog group	ENTER TIME/DATE NEXT SESSION	YES	2					
	CPT PLAN DT NEXT SESSION	dialog element							Next session scheduled for: {FLD:WP-2VSHORT}	

CPT 8 Safety Phase Template Details

The below table details the content requirements to develop the CPT 8 templates.

TABLE 15 - CPT 8 TEMPLATE DETAIL

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
1	CPT 8 TITLE HEADER	dialog element				CPT 8 COGNITIVE PROCESSING SAFETY			Cognitive Processing Therapy: Safety Session - Individual	
5	CPT TIME IN SESSION	dialog element							TIME IN SESSION	TIME IN SESSION:
	PXRM COMMENT	prompt						Comment:		
10	CPT 8 SESSION NUMBER GP	dialog group	SESSION NUMBER:	YES	2					SESSION NUMBER:
	CPT SESSION NUMBER 7	dialog element				CPT SESSION NUMBER 7			7	
	CPT SESSION NUMBER 8	dialog element				CPT SESSION NUMBER 8			8	
	CPT SESSION NUMBER 9	dialog element				CPT SESSION NUMBER 9			9	
15	CPT SESSION FORMAT GP	dialog group	SESSION FORMAT	YES	2					SESSION FORMAT:
	CPT SESSION FACE TO FACE	dialog element				CPT SESSION FACE TO FACE			Face-to-Face Session	
	CPT SESSION TELEPHONE	dialog element				CPT SESSION TELEPHONE			Telephone Session	
	CPT SESSION VIDEO TELEHEALTH	dialog element				CPT SESSION VIDEO TELEHEALTH			Video Telehealth Session	
	CPT SESSION OTHER	dialog element				CPT SESSION OTHER			Other Session type	
	PXRM COMMENT	prompt						Comment:		
17	CPT SESSION LOCATION GP	dialog group	SESSION LOCATION:	YES	2					SESSION LOCATION:
	CPT LOCATION CLC	dialog element				CPT LOCATION CLC			Community Living Center	

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
	CPT LOCATION CBOC	dialog element				CPT LOCATION CBOC			CBOC	
	CPT LOCATION DOM	dialog element				CPT LOCATION DOM			Domiciliary	
	CPT LOCATION INPT MH	dialog element				CPT LOCATION INPT MH			Inpatient Mental Health	
	CPT LOCATION OEF/OIF	dialog element				CPT LOCATION OEF/OIF			OEF/OIF Clinic	
	CPT LOCATION MHC	dialog element				CPT LOCATION MHC			Mental Health Clinic	
	CPT LOCATION RRTP	dialog element				CPT LOCATION RRTP			MH Residential Rehabilitation Treatment Program (RRTP)	
	CPT LOCATION MHICM	dialog element				CPT LOCATION MHICM			MHICM	
	CPT LOCATION HBPC	dialog element				CPT LOCATION HBPC			Patient Residence - Home Based Primary Care	
	CPT LOCATION PT RESIDENCE	dialog element				CPT LOCATION PT RESIDENCE			Patient Residence - Other	
	CPT LOCATION PCT	dialog element				CPT LOCATION PCT			PTSD Clinical Team	
	CPT LOCATION PC	dialog element				CPT LOCATION PC			Primary Care	
	CPT LOCATION SUD	dialog element				CPT LOCATION SUD			Substance Use Disorder Clinic	
	CPT LOCATION PRRC	dialog element				CPT LOCATION PRRC			PRRC/Day Treatment	
	CPT LOCATION COMMUNITY	dialog element				CPT LOCATION COMMUNITY			Community/Non-VA	
	CPT LOCATION OTHER	dialog element				CPT LOCATION OTHER			Other	
	PXRM COMMENT	prompt						Comment:		
20	CPT DIAGNOSIS GP	dialog group	DIAGNOSIS	YES	2					DIAGNOSIS:
	CPT DIAGNOSIS PRIMARY	dialog element							Primary Diagnosis (focus of visit): PTSD	
	CPT DIAGNOSIS PRIMARY OTHER THAN PTSD	dialog element							Primary Diagnosis (if not PTSD):	

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
	PXRM COMMENT	prompt						Comment:		
	CPT DIAGNOSIS SECONDARY	dialog element							Secondary Diagnosis (if applicable):	
	PXRM COMMENT	prompt						Comment:		
23	CPT ASSESSMENT GP	dialog group	ASSESSMENT:	YES	2					ASSESSMENT:
	TEXT PTSD EVAL DISPLAY PCLC	dialog element					YES		[PC-PTSD PCLC]	
	TEXT PTSD EVAL DISPLAY PCLC PLACE IN NOTE	dialog element					NO		Check here to place scores in note.	
	CPT MH PCLC	dialog element				PCLC	NO		PCL-C	
30	CPT 8 CONTENT GP	dialog group	SESSION CONTENT	YES	2		NO			SESSION CONTENT:
	CPT 8 CONTENT SESSION COMPLETION TEXT	dialog element							The veteran completed the Safety Session of the Cognitive Processing Therapy (CPT) protocol. The following therapeutic components were completed:\\ (Check all that apply, provide explanation as needed. If items skipped/not completed, discuss how will be addressed)	
	CPT 8 CONTENT CHALLENGING BELIEFS REVIEW	dialog element				CPT 8 CONTENT CHALLENGING BELIEFS REVIEW			Therapist and patient reviewed patient's completed Challenging Beliefs Worksheets to challenge stuck points and generate alternative beliefs.	
	PXRM COMMENT	prompt						Comment:		

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
	CPT 8 CONTENT SAFETY REVIEW	dialog element				CPT 8 CONTENT SAFETY REVIEW			Therapist and patient discussed the Safety handout and reviewed any Safety worksheets the patient did for their practice assignment.	
	PXRM COMMENT	prompt						Comment:		
	CPT 8 CONTENT CHALLENGING BELIEFS WORK	dialog element				CPT 8 CONTENT CHALLENGING BELIEFS WORK			Therapist assisted patient in challenging beliefs generated by patient in session using the Challenging Beliefs Worksheet.	
	CPT 8 CONTENT TRUST INTRO	dialog element				CPT 8 CONTENT TRUST INFO			Therapist introduced the Trust module and the patient was asked to review the handout before the next session.	
	CPT 8 CONTENT CHALLENGING BELIEFS HMWRK	dialog element				CPT 8 CONTENT CHALLENGING BELIEFS HMWRK			Patient was asked to complete one Challenging Beliefs worksheet each day, with at least one sheet on Trust.	
35	CPT COLLABORATION GP	dialog group	COLLABORATION:	YES	2					COLLABORATION:
	CPT DEGREE OF COLLABORATION TEXT	dialog element					NO		The degree of collaboration between the patient and the therapist in the current session was:	
	CPT COLLABORATION LOW	dialog element				CPT COLLABORATION LOW			Low	
	CPT COLLABORATION MEDIUM	dialog element				CPT COLLABORATION MEDIUM			Medium	

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
	CPT COLLABORATION HIGH	dialog element				CPT COLLABORATION HIGH			High	
	CPT COLLABORATION THERAPEUTIC ALLIANCE GIVEN	dialog element				CPT COLLABORATION THERAPEUTIC ALLIANCE			If a therapeutic alliance measure was given, please report results here.	
	PXRM COMMENT	prompt						Comment:		
40	CPT MOTIVATION ASSESSED GP	dialog group	MOTIVATIONAL ASSESSMENT	YES	2					MOTIVATIONAL ASSESSMENT:
	CPT MOTIVATION ASSESSED	dialog element				CPT MOTIVATION ASSESSED			If therapist assessed motivation and/or applied motivational enhancement strategies please indicate and describe below:	
	PXRM COMMENT	prompt						Comment:		
43	CPT ADDITIONAL SESSION INFO GP	dialog group	ADDITIONAL SESSION INFORMATION	YES	2		NO			ADDITIONAL SESSION INFORMATION
	CPT ASSESS OTHER DESCRIPTION	dialog element					YES		Check to add information regarding: session content and reactions; level of engagement; MSE factors; SI/HI evaluation; SUD; cultural and spiritual influences.	
	CPT ADDITIONAL SESSION INFO CONTENT	dialog element							Reactions to Session Content: {FLD:BLANK WORD PROCESSING} //	
	CPT ASSESS OTHER LEVEL OF ENGAGEMENT	dialog element							Level of Engagement: {FLD:BLANK WORD PROCESSING} //	

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
	CPT ASSESS OTHER MS FACTORS	dialog element							Mental Status Factors: {FLD:BLANK WORD PROCESSING} \\\	
	CPT ASSESS OTHER SI/HI	dialog element							Suicidal/Homicidal Ideation Evaluation: {FLD:BLANK WORD PROCESSING} \\\	
	CPT ASSESS OTHER SUD	dialog element							Substance Abuse: {FLD:BLANK WORD PROCESSING} \\\	
	CPT ASSESS OTHER CULTURAL	dialog element							Cultural Influences: {FLD:BLANK WORD PROCESSING} \\\	
	CPT ASSESS OTHER SPIRITUAL	dialog element							Spiritual Influences: {FLD:BLANK WORD PROCESSING} \\\	
44	00 SPACER NOTE ONLY EL	dialog element								
45	CPT PLAN DT NEXT SESSION GP	dialog group	ENTER TIME/DATE NEXT SESSION	YES	2					
	CPT PLAN DT NEXT SESSION	dialog element							Next session scheduled for: {FLD:WP-2VSHORT}	

CPT 9 Trust Phase Template Details

The below table details the content requirements to develop the CPT 9 templates.

TABLE 16 - CPT 9 TEMPLATE DETAIL

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
1	CPT 9 TITLE HEADER	dialog element				CPT 9 COGNITIVE PROCESSING TRUST			Cognitive Processing Therapy: Trust Session - Individual	
5	CPT TIME IN SESSION	dialog element							TIME IN SESSION	TIME IN SESSION:
	PXRM COMMENT	prompt						Comment:		
10	CPT 9 SESSION NUMBER GP	dialog group								SESSION NUMBER:
	CPT SESSION NUMBER 8	dialog element				CPT SESSION NUMBER 8			8	
	CPT SESSION NUMBER 9	dialog element				CPT SESSION NUMBER 9			9	
	CPT SESSION NUMBER 10	dialog element				CPT SESSION NUMBER 10			10	
15	CPT SESSION FORMAT GP	dialog group	SESSION FORMAT	YES	2					SESSION FORMAT:
	CPT SESSION FACE TO FACE	dialog element				CPT SESSION FACE TO FACE			Face-to-Face Session	
	CPT SESSION TELEPHONE	dialog element				CPT SESSION TELEPHONE			Telephone Session	
	CPT SESSION VIDEO TELEHEALTH	dialog element				CPT SESSION VIDEO TELEHEALTH			Video Telehealth Session	
	CPT SESSION OTHER	dialog element				CPT SESSION OTHER			Other Session type	
	PXRM COMMENT	prompt						Comment:		
17	CPT SESSION LOCATION GP	dialog group	SESSION LOCATION:	YES	2					SESSION LOCATION:
	CPT LOCATION CLC	dialog element				CPT LOCATION CLC			Community Living Center	
	CPT LOCATION CBOC	dialog element				CPT LOCATION CBOC			CBOC	
	CPT LOCATION DOM	dialog element				CPT LOCATION DOM			Domiciliary	
	CPT LOCATION INPT MH	dialog element				CPT LOCATION INPT MH			Inpatient Mental Health	

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
	CPT LOCATION OEF/OIF	dialog element				CPT LOCATION OEF/OIF			OEF/OIF Clinic	
	CPT LOCATION MHC	dialog element				CPT LOCATION MHC			Mental Health Clinic	
	CPT LOCATION RRTP	dialog element				CPT LOCATION RRTP			MH Residential Rehabilitation Treatment Program (RRTP)	
	CPT LOCATION MHICM	dialog element				CPT LOCATION MHICM			MHICM	
	CPT LOCATION HBPC	dialog element				CPT LOCATION HBPC			Patient Residence - Home Based Primary Care	
	CPT LOCATION PT RESIDENCE	dialog element				CPT LOCATION PT RESIDENCE			Patient Residence - Other	
	CPT LOCATION PCT	dialog element				CPT LOCATION PCT			PTSD Clinical Team	
	CPT LOCATION PC	dialog element				CPT LOCATION PC			Primary Care	
	CPT LOCATION SUD	dialog element				CPT LOCATION SUD			Substance Use Disorder Clinic	
	CPT LOCATION PRRC	dialog element				CPT LOCATION PRRC			PRRC/Day Treatment	
	CPT LOCATION COMMUNITY	dialog element				CPT LOCATION COMMUNITY			Community/Non-VA	
	CPT LOCATION OTHER	dialog element				CPT LOCATION OTHER			Other	
	PXRM COMMENT	prompt						Comment:		
20	CPT DIAGNOSIS GP	dialog group	DIAGNOSIS	YES	2					DIAGNOSIS:
	CPT DIAGNOSIS PRIMARY	dialog element							Primary Diagnosis (focus of visit): PTSD	
	CPT DIAGNOSIS PRIMARY OTHER THAN PTSD	dialog element							Primary Diagnosis (if not PTSD):	
	PXRM COMMENT	prompt						Comment:		
	CPT DIAGNOSIS SECONDARY	dialog element							Secondary Diagnosis (if applicable):	
	PXRM COMMENT	prompt						Comment:		

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
23	CPT ASSESSMENT GP	dialog group	ASSESSMENT:	YES	2					ASSESSMENT:
	TEXT PTSD EVAL DISPLAY PCLC	dialog element					YES		[PC-PTSD PCL]	
	TEXT PTSD EVAL DISPLAY PCLC PLACE IN NOTE	dialog element					NO		Check here to place scores in note.	
	CPT MH PCLC	dialog element				PCLC	NO		PCL-C	
30	CPT 9 CONTENT GP	dialog group	SESSION CONTENT	YES	2		NO			SESSION CONTENT:
	CPT 9 CONTENT SESSION COMPLETION TEXT	dialog element							The Veteran completed the Trust Session of the Cognitive Processing Therapy (CPT) protocol. The following therapeutic components were completed: (Check all that apply, provide explanation as needed. If items skipped/not completed, discuss how will be addressed)	
	CPT 9 CONTENT CHALLENGING BELIEFS REVIEW	dialog element				CPT 9 CONTENT CHALLENGING BELIEFS REVIEW			Therapist and patient reviewed patient's completed Challenging Beliefs Worksheets to challenge stuck points and generate alternative beliefs.	
	PXRM COMMENT	prompt						Comment:		
	CPT 9 CONTENT TRUST REVIEW	dialog element				CPT 9 CONTENT TRUST REVIEW			Therapist and patient discussed the Trust handout and reviewed any Trust worksheets the patient did for their practice assignment.	
	PXRM COMMENT	prompt						Comment:		

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
	CPT 9 CONTENT CHALLENGING BELIEFS WORK	dialog element				CPT 9 CONTENT CHALLENGING BELIEFS WORK			Therapist assisted patient in challenging beliefs generated by patient in session using the Challenging Beliefs Worksheet.	
	CPT 9 CONTENT POWER/CONTROL INTRO	dialog element				CPT 9 CONTENT POWER/CONTROL INFO			Therapist introduced the Power/Control module and asked the patient to review the handout before the next session.	
	CPT 9 CONTENT CHALLENGING BELIEFS HMWRK	dialog element				CPT 9 CONTENT CHALLENGING BELIEFS HMWRK			Patient was asked to complete one Challenging Beliefs worksheet each day, with at least one sheet on Power/Control.	
35	CPT COLLABORATION GP	dialog group	COLLABORATION:	YES	2					COLLABORATION:
	CPT DEGREE OF COLLABORATION TEXT	dialog element					NO		The degree of collaboration between the patient and the therapist in the current session was:	
	CPT COLLABORATION LOW	dialog element				CPT COLLABORATION LOW			Low	
	CPT COLLABORATION MEDIUM	dialog element				CPT COLLABORATION MEDIUM			Medium	
	CPT COLLABORATION HIGH	dialog element				CPT COLLABORATION HIGH			High	
	CPT COLLABORATION THERAPEUTIC ALLIANCE GIVEN	dialog element				CPT COLLABORATION THERAPEUTIC ALLIANCE			If a therapeutic alliance measure was given, please report results here.	

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
	PXRM COMMENT	prompt						Comment:		
40	CPT MOTIVATION ASSESSED GP	dialog group	MOTIVATIONAL ASSESSMENT	YES	2					MOTIVATIONAL ASSESSMENT:
	CPT MOTIVATION ASSESSED	dialog element				CPT MOTIVATION ASSESSED			If therapist assessed motivation and/or applied motivational enhancement strategies please indicate and describe below:	
	PXRM COMMENT	prompt						Comment:		
43	CPT ADDITIONAL SESSION INFO GP	dialog group	ADDITIONAL SESSION INFORMATION	YES	2		NO			ADDITIONAL SESSION INFORMATION
	CPT ASSESS OTHER DESCRIPTION	dialog element					YES		Check to add information regarding: session content and reactions; level of engagement; MSE factors; SI/HI evaluation; SUD; cultural and spiritual influences.	
	CPT ADDITIONAL SESSION INFO CONTENT	dialog element							Reactions to Session Content: {FLD:BLANK WORD PROCESSING} \\\	
	CPT ASSESS OTHER LEVEL OF ENGAGEMENT	dialog element							Level of Engagement: {FLD:BLANK WORD PROCESSING} \\\	
	CPT ASSESS OTHER MS FACTORS	dialog element							Mental Status Factors: {FLD:BLANK WORD PROCESSING} \\\	

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
	CPT ASSESS OTHER SI/HI	dialog element							Suicidal/Homicidal Ideation Evaluation: {FLD:BLANK WORD PROCESSING} \\\	
	CPT ASSESS OTHER SUD	dialog element							Substance Abuse: {FLD:BLANK WORD PROCESSING} \\\	
	CPT ASSESS OTHER CULTURAL	dialog element							Cultural Influences: {FLD:BLANK WORD PROCESSING} \\\	
	CPT ASSESS OTHER SPIRITUAL	dialog element							Spiritual Influences: {FLD:BLANK WORD PROCESSING} \\\	
44	00 SPACER NOTE ONLY EL	dialog element								
45	CPT PLAN DT NEXT SESSION GP	dialog group	ENTER TIME/DATE NEXT SESSION	YES	2					
	CPT PLAN DT NEXT SESSION	dialog element							Next session scheduled for: {FLD:WP-2VSHORT}	

CPT 10 Power Phase Template Details

The below table details the content requirements to develop the CPT 10 templates.

TABLE 17 - CPT 10 TEMPLATE DETAIL

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
1	CPT 10 TITLE HEADER	dialog element				CPT 10 COGNITIVE PROCESSING POWER			Cognitive Processing Therapy: Power/Control Session - Individual	
5	CPT TIME IN SESSION	dialog element							TIME IN SESSION	TIME IN SESSION:
	PXRM COMMENT	prompt						Comment:		
10	CPT 10 SESSION NUMBER GP	dialog group	SESSION NUMBER:	YES	2					SESSION NUMBER:
	CPT SESSION NUMBER 9	dialog element				CPT SESSION NUMBER 9			9	
	CPT SESSION NUMBER 10	dialog element				CPT SESSION NUMBER 10			10	
	CPT SESSION NUMBER 11	dialog element				CPT SESSION NUMBER 11			11	
15	CPT SESSION FORMAT GP	dialog group	SESSION FORMAT	YES	2					SESSION FORMAT:
	CPT SESSION FACE TO FACE	dialog element				CPT SESSION FACE TO FACE			Face-to-Face Session	
	CPT SESSION TELEPHONE	dialog element				CPT SESSION TELEPHONE			Telephone Session	
	CPT SESSION VIDEO TELEHEALTH	dialog element				CPT SESSION VIDEO TELEHEALTH			Video Telehealth Session	
	CPT SESSION OTHER	dialog element				CPT SESSION OTHER			Other Session type	
	PXRM COMMENT	prompt						Comment:		

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
17	CPT SESSION LOCATION GP	dialog group	SESSION LOCATION:	YES	2					SESSION LOCATION:
	CPT LOCATION CLC	dialog element				CPT LOCATION CLC			Community Living Center	
	CPT LOCATION CBOC	dialog element				CPT LOCATION CBOC			CBOC	
	CPT LOCATION DOM	dialog element				CPT LOCATION DOM			Domiciliary	
	CPT LOCATION INPT MH	dialog element				CPT LOCATION INPT MH			Inpatient Mental Health	
	CPT LOCATION OEF/OIF	dialog element				CPT LOCATION OEF/OIF			OEF/OIF Clinic	
	CPT LOCATION MHC	dialog element				CPT LOCATION MHC			Mental Health Clinic	
	CPT LOCATION RRTP	dialog element				CPT LOCATION RRTP			MH Residential Rehabilitation Treatment Program (RRTP)	
	CPT LOCATION MHICM	dialog element				CPT LOCATION MHICM			MHICM	
	CPT LOCATION HBPC	dialog element				CPT LOCATION HBPC			Patient Residence - Home Based Primary Care	
	CPT LOCATION PT RESIDENCE	dialog element				CPT LOCATION PT RESIDENCE			Patient Residence - Other	
	CPT LOCATION PCT	dialog element				CPT LOCATION PCT			PTSD Clinical Team	
	CPT LOCATION PC	dialog element				CPT LOCATION PC			Primary Care	
	CPT LOCATION SUD	dialog element				CPT LOCATION SUD			Substance Use Disorder Clinic	
	CPT LOCATION PRRC	dialog element				CPT LOCATION PRRC			PRRC/Day Treatment	
	CPT LOCATION COMMUNITY	dialog element				CPT LOCATION COMMUNITY			Community/Non-VA	
	CPT LOCATION OTHER	dialog element				CPT LOCATION OTHER			Other	
	PXRM COMMENT	prompt						Comment:		

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
20	CPT DIAGNOSIS GP	dialog group	DIAGNOSIS	YES	2					DIAGNOSIS:
	CPT DIAGNOSIS PRIMARY	dialog element							Primary Diagnosis (focus of visit): PTSD	
	CPT DIAGNOSIS PRIMARY OTHER THAN PTSD	dialog element							Primary Diagnosis (if not PTSD):	
	PXRM COMMENT	prompt						Comment:		
	CPT DIAGNOSIS SECONDARY	dialog element							Secondary Diagnosis (if applicable):	
	PXRM COMMENT	prompt						Comment:		
23	CPT ASSESSMENT GP	dialog group	ASSESSMENT:	YES	2					ASSESSMENT:
	TEXT PTSD EVAL DISPLAY PCLC	dialog element					YES		PC-PTSD PCL	
	TEXT PTSD EVAL DISPLAY PCLC PLACE IN NOTE	dialog element					NO		Check here to place scores in note.	
	CPT MH PCLC	dialog element				PCLC	NO		PCL-C	
30	CPT 10 CONTENT GP	dialog group	SESSION CONTENT	YES	2		NO			SESSION CONTENT:
	CPT 10 CONTENT SESSION COMPLETION TEXT	dialog element							The Veteran completed the Power and Control session of the Cognitive Processing Therapy (CPT) protocol. The following therapeutic components were completed:\\ (Check all that apply, provide explanation as needed. If items skipped/not completed, discuss how will be addressed)	

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
	CPT 10 CONTENT CHALLENGING BELIEFS REVIEW	dialog element				CPT 10 CONTENT CHALLENGING BELIEF REVIEW			Therapist and patient reviewed patient's completed Challenging Beliefs Worksheets to challenge stuck points and generate alternative beliefs.	
	PXRM COMMENT	prompt						Comment:		
	CPT 10 CONTENT POWER/CONTROL REVIEW	dialog element				CPT 10 CONTENT POWER/CONTROL REVIEW			Therapist and patient discussed the Power/Control handout and reviewed any Power/Control worksheets the patient did for their practice assignment.	
	PXRM COMMENT	prompt						Comment:		
	CPT 10 CONTENT WAYS OF GIVING	dialog element				CPT 10 CONTENT WAYS OF GIVING			Therapist introduced Ways of Giving and Receiving Power handout and asked the patient to discuss the ways they may do both of these positively and negatively.	
	PXRM COMMENT	prompt						Comment:		
	CPT 10 CONTENT CHALLENGING BELIEFS WORK	dialog element				CPT 10 CONTENT CHALLENGING BELIEFS WORK			Therapist assisted patient in challenging beliefs generated by patient in session using the Challenging Beliefs Worksheet.	
	CPT 10 CONTENT ESTEEM INTRO	dialog element				CPT 10 CONTENT ESTEEM INTRO			Therapist introduced the Esteem module and asked the patient to review the handout before the next session.	
	CPT 10 CONTENT CHALLENGING BELIEFS HMWRK	dialog element				CPT 10 CONTENT CHALLENGING BELIEFS HMWRK			Patient was asked to complete one Challenging Beliefs worksheet each day, with at least one sheet on Esteem.	

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
	CPT 10 CONTENT COMPLIMENTS HMWRK	dialog element				CPT 10 CONTENT COMPLIMENTS HMWRK			Patient was asked to practice giving and receiving compliments each day.	
35	CPT COLLABORATION GP	dialog group	COLLABORATION:	YES	2					COLLABORATION:
	CPT DEGREE OF COLLABORATION TEXT	dialog element					NO		The degree of collaboration between the patient and the therapist in the current session was:	
	CPT COLLABORATION LOW	dialog element				CPT COLLABORATION LOW			Low	
	CPT COLLABORATION MEDIUM	dialog element				CPT COLLABORATION MEDIUM			Medium	
	CPT COLLABORATION HIGH	dialog element				CPT COLLABORATION HIGH			High	
	CPT COLLABORATION THERAPEUTIC ALLIANCE GIVEN	dialog element				CPT COLLABORATION THERAPEUTIC ALLIANCE			If a therapeutic alliance measure was given, please report results here.	
	PXRM COMMENT	prompt						Comment:		
40	CPT MOTIVATION ASSESSED GP	dialog group	MOTIVATIONAL ASSESSMENT	YES	2					MOTIVATIONAL ASSESSMENT:
	CPT MOTIVATION ASSESSED	dialog element				CPT MOTIVATION ASSESSED			If therapist assessed motivation and/or applied motivational enhancement strategies please indicate and describe below:	
	PXRM COMMENT	prompt						Comment:		
43	CPT ADDITIONAL SESSION INFO GP	dialog group	ADDITIONAL SESSION INFORMATION	YES	2		NO			ADDITIONAL SESSION INFORMATION

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
	CPT ASSESS OTHER DESCRIPTION	dialog element					YES		Check to add information regarding: session content and reactions; level of engagement; MSE factors; SI/Hi evaluation; SUD; cultural and spiritual influences.	
	CPT ADDITIONAL SESSION INFO CONTENT	dialog element							Reactions to Session Content: {FLD:BLANK WORD PROCESSING} \\\	
	CPT ASSESS OTHER LEVEL OF ENGAGEMENT	dialog element							Level of Engagement: {FLD:BLANK WORD PROCESSING} \\\	
	CPT ASSESS OTHER MS FACTORS	dialog element							Mental Status Factors: {FLD:BLANK WORD PROCESSING} \\\	
	CPT ASSESS OTHER SI/Hi	dialog element							Suicidal/Homicidal Ideation Evaluation: {FLD:BLANK WORD PROCESSING} \\\	
	CPT ASSESS OTHER SUD	dialog element							Substance Abuse: {FLD:BLANK WORD PROCESSING} \\\	
	CPT ASSESS OTHER CULTURAL	dialog element							Cultural Influences: {FLD:BLANK WORD PROCESSING} \\\	
	CPT ASSESS OTHER SPIRITUAL	dialog element							Spiritual Influences: {FLD:BLANK WORD PROCESSING} \\\	
44	00 SPACER NOTE ONLY EL	dialog element								
45	CPT PLAN DT NEXT SESSION GP	dialog group	ENTER TIME/DATE NEXT SESSION	YES	2					
	CPT PLAN DT NEXT SESSION	dialog element							Next session scheduled for: {FLD:WP-2VSHORT}	

CPT 11 Esteem Phase Template Details

The below table details the content requirements to develop the CPT 11 templates.

TABLE 18 - CPT 11 TEMPLATE DETAIL

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
1	CPT 11 TITLE HEADER	dialog element				CPT 11 COGNITIVE PROCESSING ESTEEM			Cognitive Processing Therapy: Esteem Session - Individual	
5	CPT TIME IN SESSION	dialog element							TIME IN SESSION	TIME IN SESSION:
	PXRM COMMENT	prompt						Comment:		
10	CPT 11 SESSION NUMBER GP	dialog group	SESSION NUMBER:	YES	2					SESSION NUMBER:
	CPT SESSION NUMBER 10	dialog element				CPT SESSION NUMBER 10			10	
	CPT SESSION NUMBER 11	dialog element				CPT SESSION NUMBER 11			11	
	CPT SESSION NUMBER 12	dialog element				CPT SESSION NUMBER 12			12	
15	CPT SESSION FORMAT GP	dialog group	SESSION FORMAT	YES	2					SESSION FORMAT:
	CPT SESSION FACE TO FACE	dialog element				CPT SESSION FACE TO FACE			Face-to-Face Session	
	CPT SESSION TELEPHONE	dialog element				CPT SESSION TELEPHONE			Telephone Session	
	CPT SESSION VIDEO TELEHEALTH	dialog element				CPT SESSION VIDEO TELEHEALTH			Video Telehealth Session	
	CPT SESSION OTHER	dialog element				CPT SESSION OTHER			Other Session type	
	PXRM COMMENT	prompt						Comment:		
17	CPT SESSION LOCATION GP	dialog group	SESSION LOCATION:	YES	2					SESSION LOCATION:
	CPT LOCATION CLC	dialog element				CPT LOCATION CLC			Community Living Center	

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
	CPT LOCATION CBOC	dialog element				CPT LOCATION CBOC			CBOC	
	CPT LOCATION DOM	dialog element				CPT LOCATION DOM			Domiciliary	
	CPT LOCATION INPT MH	dialog element				CPT LOCATION INPT MH			Inpatient Mental Health	
	CPT LOCATION OEF/OIF	dialog element				CPT LOCATION OEF/OIF			OEF/OIF Clinic	
	CPT LOCATION MHC	dialog element				CPT LOCATION MHC			Mental Health Clinic	
	CPT LOCATION RRTP	dialog element				CPT LOCATION RRTP			MH Residential Rehabilitation Treatment Program (RRTP)	
	CPT LOCATION MHICM	dialog element				CPT LOCATION MHICM			MHICM	
	CPT LOCATION HBPC	dialog element				CPT LOCATION HBPC			Patient Residence - Home Based Primary Care	
	CPT LOCATION PT RESIDENCE	dialog element				CPT LOCATION PT RESIDENCE			Patient Residence - Other	
	CPT LOCATION PCT	dialog element				CPT LOCATION PCT			PTSD Clinical Team	
	CPT LOCATION PC	dialog element				CPT LOCATION PC			Primary Care	
	CPT LOCATION SUD	dialog element				CPT LOCATION SUD			Substance Use Disorder Clinic	
	CPT LOCATION PRRC	dialog element				CPT LOCATION PRRC			PRRC/Day Treatment	
	CPT LOCATION COMMUNITY	dialog element				CPT LOCATION COMMUNITY			Community/Non-VA	
	CPT LOCATION OTHER	dialog element				CPT LOCATION OTHER			Other	
	PXRM COMMENT	prompt						Comment:		
20	CPT DIAGNOSIS GP	dialog group	DIAGNOSIS	YES	2					DIAGNOSIS:
	CPT DIAGNOSIS PRIMARY	dialog element							Primary Diagnosis (focus of visit): PTSD	

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
	CPT DIAGNOSIS PRIMARY OTHER THAN PTSD	dialog element							Primary Diagnosis (if not PTSD):	
	PXRM COMMENT	prompt						Comment:		
	CPT DIAGNOSIS SECONDARY	dialog element							Secondary Diagnosis (if applicable):	
	PXRM COMMENT	prompt						Comment:		
23	CPT ASSESSMENT GP	dialog group	ASSESSMENT:	YES	2					ASSESSMENT:
	TEXT PTSD EVAL DISPLAY PCLC	dialog element					YES		[PC-PTSD PCL]	
	TEXT PTSD EVAL DISPLAY PCLC PLACE IN NOTE	dialog element					NO		Check here to place scores in note.	
	CPT MH PCLC	dialog element				PCLC	NO		PCL-C	
30	CPT 11 CONTENT GP	dialog group	SESSION CONTENT	YES	2		NO			SESSION CONTENT:
	CPT 11 CONTENT SESSION COMPLETION TEXT	dialog element							The Veteran completed the Esteem Session of the Cognitive Processing Therapy (CPT) protocol. The following therapeutic components were completed:\\ (Check all that apply, provide explanation as needed. If items skipped/not completed, discuss how will be addressed)	
	CPT 11 CONTENT CHALLENGING BELIEFS REVIEW	dialog element				CPT 11 CONTENT CHALLENGING BELIEF REVIEW			Therapist and patient reviewed patient's completed Challenging Beliefs Worksheets to challenge stuck points and generate alternative beliefs.	

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
	PXRM COMMENT	prompt						Comment:		
	CPT 11 CONTENT ESTEEM REVIEW	dialog element				CPT 11 CONTENT ESTEEM REVIEW			Therapist and patient discussed the Esteem handout and reviewed any Esteem worksheets the patient did for their practice assignment.	
	PXRM COMMENT	prompt						Comment:		
	CPT 11 CONTENT CHALLENGING BELIEFS WORK	dialog element				CPT 11 CONTENT CHALLENGING BELIEFS WORK			Therapist assisted patient in challenging beliefs generated by patient in session using the Challenging Beliefs Worksheet.	
	CPT 11 CONTENT INTIMACY INTRO	dialog element				CPT 11 CONTENT INTIMACY INTRO			Therapist introduced the Intimacy module and asked the patient to review the handout before the next session.	
	CPT 11 CONTENT CHALLENGING BELIEFS HMWRK	dialog element				CPT 11 CONTENT CHALLENGING BELIEFS HMWRK			Patient was asked to complete one Challenging Beliefs worksheet each day, with at least one sheet on Intimacy.	
	CPT 11 CONTENT IMPACT REWRITE HMWRK	dialog element				CPT 11 CONTENT IMPACT REWRITE HMWRK			Patient was asked to rewrite their Impact Statement with a focus on what they believe now.	
35	CPT COLLABORATION GP	dialog group	COLLABORATION:	YES	2					COLLABORATION:
	CPT DEGREE OF COLLABORATION TEXT	dialog element					NO		The degree of collaboration between the patient and the therapist in the current session was:	
	CPT COLLABORATION LOW	dialog element				CPT COLLABORATION LOW			Low	

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
	CPT COLLABORATION MEDIUM	dialog element				CPT COLLABORATION MEDIUM			Medium	
	CPT COLLABORATION HIGH	dialog element				CPT COLLABORATION HIGH			High	
	CPT COLLABORATION THERAPEUTIC ALLIANCE GIVEN	dialog element				CPT COLLABORATION THERAPEUTIC ALLIANCE			If a therapeutic alliance measure was given, please report results here.	
	PXRM COMMENT	prompt						Comment:		
40	CPT MOTIVATION ASSESSED GP	dialog group	MOTIVATIONAL ASSESSMENT	YES	2					MOTIVATIONAL ASSESSMENT:
	CPT MOTIVATION ASSESSED	dialog element				CPT MOTIVATION ASSESSED			If therapist assessed motivation and/or applied motivational enhancement strategies please indicate and describe below:	
	PXRM COMMENT	prompt						Comment:		
43	CPT ADDITIONAL SESSION INFO GP	dialog group	ADDITIONAL SESSION INFORMATION	YES	2		NO			ADDITIONAL SESSION INFORMATION
	CPT ASSESS OTHER DESCRIPTION	dialog element					YES		Check to add information regarding: session content and reactions; level of engagement; MSE factors; SI/HI evaluation; SUD; cultural and spiritual influences.	
	CPT ADDITIONAL SESSION INFO CONTENT	dialog element							Reactions to Session Content: {FLD:BLANK WORD PROCESSING} \\	
	CPT ASSESS OTHER LEVEL OF ENGAGEMENT	dialog element							Level of Engagement: {FLD:BLANK WORD PROCESSING} \\	

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
	CPT ASSESS OTHER MS FACTORS	dialog element							Mental Status Factors: {FLD:BLANK WORD PROCESSING} \\\	
	CPT ASSESS OTHER SI/HI	dialog element							Suicidal/Homicidal Ideation Evaluation: {FLD:BLANK WORD PROCESSING} \\\	
	CPT ASSESS OTHER SUD	dialog element							Substance Abuse: {FLD:BLANK WORD PROCESSING} \\\	
	CPT ASSESS OTHER CULTURAL	dialog element							Cultural Influences: {FLD:BLANK WORD PROCESSING} \\\	
	CPT ASSESS OTHER SPIRITUAL	dialog element							Spiritual Influences: {FLD:BLANK WORD PROCESSING} \\\	
44	00 SPACER NOTE ONLY EL	dialog element								
45	CPT PLAN DT NEXT SESSION GP	dialog group	ENTER TIME/DATE NEXT SESSION	YES	2					
	CPT PLAN DT NEXT SESSION	dialog element							Next session scheduled for: {FLD:WP-2VSHORT}	

CPT 12 Final Phase Template Details

The below table details the content requirements to develop the CPT 12 templates.

TABLE 19 - CPT 12 TEMPLATE DETAIL

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
2	CPT 12 TITLE HEADER	dialog element				CPT 12 COGNITIVE PROCESSING FINAL			Cognitive Processing Therapy: Individual Final	
5	CPT TIME IN SESSION	dialog element							TIME IN SESSION	TIME IN SESSION:
	PXRM COMMENT	prompt						Comment:		
10	CPT 12 SESSION NUMBER GP	dialog group	choose one	NO	2				Session number:	CPT session number:
	CPT SESSION NUMBER 11	dialog element				CPT SESSION NUMBER 11			11	
	CPT SESSION NUMBER 12	dialog element				CPT SESSION NUMBER 12			12	
	CPT SESSION NUMBER 13	dialog element				CPT SESSION NUMBER 13			13	
	CPT SESSION NUMBER 14	dialog element				CPT SESSION NUMBER 14			14	
	CPT SESSION NUMBER 15	dialog element				CPT SESSION NUMBER 15			15	
15	CPT SESSION FORMAT GP	dialog group	SESSION FORMAT	YES	2					SESSION FORMAT:
	CPT SESSION FACE TO FACE	dialog element				CPT SESSION FACE TO FACE			Face-to-Face Session	
	CPT SESSION TELEPHONE	dialog element				CPT SESSION TELEPHONE			Telephone Session	
	CPT SESSION VIDEO TELEHEALTH	dialog element				CPT SESSION VIDEO TELEHEALTH			Video Telehealth Session	
	CPT SESSION OTHER	dialog element				CPT SESSION OTHER			Other Session type	
	PXRM COMMENT	prompt						Comment:		
17	CPT SESSION LOCATION GP	dialog group	SESSION LOCATION:	YES	2					SESSION LOCATION:
	CPT LOCATION CLC	dialog element				CPT LOCATION CLC			Community Living Center	
	CPT LOCATION CBOC	dialog				CPT LOCATION			CBOC	

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
		element				CBOC				
	CPT LOCATION DOM	dialog element				CPT LOCATION DOM			Domiciliary	
	CPT LOCATION INPT MH	dialog element				CPT LOCATION INPT MH			Inpatient Mental Health	
	CPT LOCATION OEF/OIF	dialog element				CPT LOCATION OEF/OIF			OEF/OIF Clinic	
	CPT LOCATION MHC	dialog element				CPT LOCATION MHC			Mental Health Clinic	
	CPT LOCATION RRTP	dialog element				CPT LOCATION RRTP			MH Residential Rehabilitation Treatment Program (RRTP)	
	CPT LOCATION MHICM	dialog element				CPT LOCATION MHICM			MHICM	
	CPT LOCATION HBPC	dialog element				CPT LOCATION HBPC			Patient Residence - Home Based Primary Care	
	CPT LOCATION PT RESIDENCE	dialog element				CPT LOCATION PT RESIDENCE			Patient Residence - Other	
	CPT LOCATION PCT	dialog element				CPT LOCATION PCT			PTSD Clinical Team	
	CPT LOCATION PC	dialog element				CPT LOCATION PC			Primary Care	
	CPT LOCATION SUD	dialog element				CPT LOCATION SUD			Substance Use Disorder Clinic	
	CPT LOCATION PRRC	dialog element				CPT LOCATION PRRC			PRRC/Day Treatment	
	CPT LOCATION COMMUNITY	dialog element				CPT LOCATION COMMUNITY			Community/Non-VA	
	CPT LOCATION OTHER	dialog element				CPT LOCATION OTHER			Other	
	PXRM COMMENT	prompt						Comment:		
20	CPT DIAGNOSIS GP	dialog group	DIAGNOSIS	YES	2					DIAGNOSIS:
	CPT DIAGNOSIS PRIMARY	dialog element							Primary Diagnosis (focus of visit): PTSD	
	CPT DIAGNOSIS PRIMARY OTHER THAN PTSD	dialog element							Primary Diagnosis (if not PTSD):	

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
	PXRM COMMENT	prompt						Comment:		
	CPT DIAGNOSIS SECONDARY	dialog element							Secondary Diagnosis (if applicable):	
	PXRM COMMENT	prompt						Comment:		
23	CPT ASSESSMENT GP	dialog group	ASSESSMENT:	YES	2					ASSESSMENT:
	TEXT PTSD EVAL DISPLAY PCLC	dialog element					YES		[PC-PTSD PCL]	
	TEXT PTSD EVAL DISPLAY PCLC PLACE IN NOTE	dialog element					NO		Check here to place scores in note.	
	CPT MH PCLC	dialog element				PCLC	NO		PCL-C	
30	CPT 12 CONTENT GP	dialog group	SESSION CONTENT	YES	2		NO			SESSION CONTENT:
	CPT 12 CONTENT SESSION COMPLETION TEXT	dialog element							The Veteran completed the Intimacy Session of the Cognitive Processing Therapy (CPT) protocol. The following therapeutic components were completed:\\ (Check all that apply, provide explanation as needed. If items skipped/not completed, discuss how will be addressed)	
	CPT 12 CONTENT CHALLENGING BELIEFS REVIEW	dialog element				CPT 12 CONTENT CHALLENGING BELIEF REVIEW			Therapist and patient reviewed patient's completed Challenging Beliefs Worksheets to challenge stuck points and generate alternative beliefs.	
	PXRM COMMENT	prompt						Comment:		

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
	CPT 12 CONTENT INTIMACY REVIEW	dialog element				CPT 12 CONTENT INTIMACY REVIEW			Therapist and patient discussed the Intimacy handout and reviewed any Intimacy worksheets the patient did for their practice assignment.	
	PXRM COMMENT	prompt						Comment:		
	CPT 12 CONTENT IMPACT STATEMENT NEW	dialog element				CPT 12 CONTENT IMPACT STATEMENT NEW			Patient read their new impact statement.	
	CPT 12 CONTENT IMPACT STATEMENT COMPARE	dialog element				CPT 12 CONTENT IMPACT STATEMENT COMPARE			Therapist read the old impact statement and patient and therapist discussed the difference between the two statements, noting changes in cognitions and feelings.	
	PXRM COMMENT	prompt						Comment:		
	CPT 12 CONTENT SKILL FOCUS	dialog element				CPT 12 CONTENT SKILL FOCUS			Patient was encouraged to continue using newly developed skills (e.g., what worked, how patient might use the skills in the future).	
	PXRM COMMENT	prompt						Comment:		
35	CPT COLLABORATION GP	dialog group	COLLABORATION:	YES	2					COLLABORATION:
	CPT DEGREE OF COLLABORATION TEXT	dialog element					NO		The degree of collaboration between the patient and the therapist in the current session was:	
	CPT COLLABORATION LOW	dialog element				CPT COLLABORATION LOW			Low	
	CPT COLLABORATION MEDIUM	dialog element				CPT COLLABORATION MEDIUM			Medium	

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
	CPT COLLABORATION HIGH	dialog element				CPT COLLABORATION HIGH			High	
	CPT COLLABORATION THERAPEUTIC ALLIANCE GIVEN	dialog element				CPT COLLABORATION THERAPEUTIC ALLIANCE			If a therapeutic alliance measure was given, please report results here.	
	PXRM COMMENT	prompt						Comment:		
40	CPT MOTIVATION ASSESSED GP	dialog group	MOTIVATIONAL ASSESSMENT	YES	2					MOTIVATIONAL ASSESSMENT:
	CPT MOTIVATION ASSESSED	dialog element				CPT MOTIVATION ASSESSED			If therapist assessed motivation and/or applied motivational enhancement strategies please indicate and describe below:	
	PXRM COMMENT	prompt						Comment:		
43	CPT ADDITIONAL SESSION INFO GP	dialog group	ADDITIONAL SESSION INFORMATION	YES	2		NO			ADDITIONAL SESSION INFORMATION
	CPT ASSESS OTHER DESCRIPTION	dialog element					YES		Check to add information regarding: session content and reactions; level of engagement; MSE factors; SI/HI evaluation; SUD; cultural and spiritual influences.	
	CPT ADDITIONAL SESSION INFO CONTENT	dialog element							Reactions to Session Content: {FLD:BLANK WORD PROCESSING}	
	CPT ASSESS OTHER LEVEL OF ENGAGEMENT	dialog element							Level of Engagement: {FLD:BLANK WORD PROCESSING}	
	CPT ASSESS OTHER MS FACTORS	dialog element							Mental Status Factors: {FLD:BLANK WORD PROCESSING}	

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
	CPT ASSESS OTHER SI/HI	dialog element							Suicidal/Homicidal Ideation Evaluation: {FLD:BLANK WORD PROCESSING} \\\	
	CPT ASSESS OTHER SUD	dialog element							Substance Abuse: {FLD:BLANK WORD PROCESSING} \\\	
	CPT ASSESS OTHER CULTURAL	dialog element							Cultural Influences: {FLD:BLANK WORD PROCESSING} \\\	
	CPT ASSESS OTHER SPIRITUAL	dialog element							Spiritual Influences: {FLD:BLANK WORD PROCESSING} \\\	
44	00 SPACER NOTE ONLY EL	dialog element								
50	CPT 12 PLAN GP	dialog group		YES	2				Plan:	
	CPT 12 PLAN TREATMENT COMPLETE	dialog element				CPT 12 PLAN TREATMENT COMPLETE			TREATMENT COMPLETED (Describe the reason for termination of treatment)	
	PXRM COMMENT	prompt						Comment:		
	CPT 12 PLAN BOOSTER SESSION	dialog element				CPT 12 PLAN BOOSTER SESSION			BOOSTER SESSIONS\\ (Describe the reason for booster sessions and if the sessions were scheduled or will be scheduled in the future)	
	PXRM COMMENT	prompt						Comment:		
	CPT 12 PLAN POST ASSESS	dialog element				CPT 12 PLAN POST ASSESS			SCHEDULED POST ASSESSMENT SESSION(S) (Describe the reason for additional assessment sessions)	
	PXRM COMMENT	prompt						Comment:		

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
	CPT 12 PLAN REFERRAL	dialog element				CPT 12 PLAN REFERRAL			REFERRED FOR FURTHER EVALUATION, TREATMENT OR OTHER SERVICES\\ (Describe the referral and reason for referral)	
	PXRM COMMENT	prompt						Comment:		
	CPT 12 PLAN NEXT APPT	dialog element							Next appointment date: {FLD:VA-EDIT BOX 30/80}	
	CPT 12 PLAN PT AGREE	dialog element				CPT 12 PLAN PT AGREE			Patient agreed with the above plan	

2.6.3. Cognitive Behavioral Therapy (CBT)

The Cognitive Behavioral Therapy (CBT) templates document the results of the problems concerning dysfunctional emotions, behaviors and cognitions.

The clinician uses one of three available Dialog Reminder Templates from the *Cognitive Behavioral Therapy* Clinical Reminder template drawer.

The three templates available are:

- 1. CBT 1 - INITIAL PHASE**
- 2. CBT 2 - MIDDLE PHASE**
- 3. CBT 3 - FINAL PHASE**

Health Factors created by session have been detailed in the table below. When creating the Dialog Element, use the Finding Item or Additional Finding field for 1) automatic ordering, 2) adding vital measurements, 3) stuffing Education Topics, 4) including immunizations and 5) documenting CBT codes into the PCE.

Refer to Appendix C *Cognitive Behavioral Therapy Screenshots* for samples of the screenshots.

TABLE 20 - COGNITIVE BEHAVIORAL THERAPY FINDING ITEMS TABLE

Component	CBT 1 HF		CBT 2 HF	CBT 3 HF
Time in Session - All of the below Health Factors are the same across all of the templates				
Session Number	CBT TIME IN SESSION			
	CBT 1 SESSION NUMBER 1 through CBT SESSION NUMBER 3	CBT 2 SESSION NUMBER 2 through CBT 2 SESSION NUMBER 19	CBT 2 SESSION NUMBER 10 through CBT SESSION NUMBER 20	
Session Format - All of the below Health Factors are the same across all of the templates				
	<ul style="list-style-type: none">CBT SESSION FORMAT GPCBT SESSION VIDEO TELEHEALTH	<ul style="list-style-type: none">CBT SESSION FACE TO FACECBT SESSION OTHER	<ul style="list-style-type: none">CBT SESSION TELEPHONE	
Session Location - All of the below Health Factors are the same across all of the templates				
	<ul style="list-style-type: none">CBT SESSION LOCATION GPCBT LOCATION DOMCBT LOCATION RRTPCBT LOCATION PT RESIDENCECBT LOCATION SUDCBT LOCATION OTHER	<ul style="list-style-type: none">CBT LOCATION CLCCBT LOCATION INPT MHCBT LOCATION MHICMCBT LOCATION PCTCBT LOCATION PRRC	<ul style="list-style-type: none">CBT LOCATION CBOCCBT LOCATION MHCCBT LOCATION HBPCCBT LOCATION PCCBT LOCATION COMMUNITY	
Diagnosis - All of the below Health Factors are the same across all of the templates				
	<ul style="list-style-type: none">CBT DIAGNOSIS GP	<ul style="list-style-type: none">CBT DIAGNOSIS PRIMARY	<ul style="list-style-type: none">CBT DIAGNOSIS SECONDARY	
Assessment	CBT ASSESSMENT GP CBT MH BDI-II CBR ASSESS ADDL MEASURES			
Session Content	CBT 1 SESSION CONTENT CBT 1 SESSION CONTENT SOCIALIZATION TO CBT GP CBT 1 CONTENT DESCRIBE CBT 1 CONTENT EFFICACY CBT 1CONTENT AGENDA SETTING CBT 1 CONTENT BDI DESCRIBE CBT1 CONTENT HMWRK DESCRIBE CBT 1 CONTENT TREATMENT REVIEW CBT 1 SESSION CONTENT TREATMENT GOALS GP CBT 1 CONTENT PRESENTING PROBLEMS CBT 1 CONTENT TREATMENT GOALS CBT 1 CONTENT CASE CONCEPTUALIZATION	CBT 2 SESSION CONTENT CBT 2 CONTENT BRIDGE GP CBT 2 CONTENT BRIGE HELPFUL CBT 2 CONTENT BRIDGE HMWRK CBT 2 CONTENT PRIORITIZED AGENDA GP CBT 2 CONTENT AGENDA CBT 2 CONTENT CPG/BEHAV STRATEGIESGP CBT 2 CONTENT BEHAV STRATEGIESGP CBT 2 CONTENT COG STRATEGIES GP	CBT 3 SESSION CONTENT CBT 3 CONTENT BRIDGE GP CBT 3 CONTENT BRIDGE HELPFUL CBT 3 CONTENT BRIDGE HMWRK CBT 3 CONTENT PRIORITIZED AGENDA GP CBT 3 CONTENT AGENDA CBT 3 CONTENT PROGRESS TOWARDS GOALS GP CBT 3 CONTENT PROGRESS CBT 3 CONTENT IMPACT CBT 3 CONTENTD EPRESSION LESSENED CBT 3 CONTENT COG/BEHAV STRATEGIES CBT 3 CONTENT BEHAV STRATEGIES GP CBT 3 CONTENT COG STRATEGIES GP	
Motivational Enhancement	CBT 1 MOTIVATINAL ENHANCEMENT GP CBT 1 MOTIVIATION ENHANCE GOALS CBT 1 MOTIVATION ENHANCE CONSEQUENCES CBT 1 MOTIVATION BENEFITS CBT 1 MOTIVATION ENHANCE ATTITUDES CBT 1 MOTIVATION ENHANCE BARRIERS	All of the below Health Factors are the same across all of the templates CBT MOTIVATION ASSESSED GP CBT MOTIVATION ASSESSED		
Degree of Collaboration - All of the below Health Factors are the same across all of the templates				
	<ul style="list-style-type: none">CBT COLLABORATION GPCBT COLLABORATION MEDIUM	<ul style="list-style-type: none">CBT DEGREE OF COLLABORATION GPCBT COLLABORATION HIGH	<ul style="list-style-type: none">CBT COLLABORATION LOWCBT COLLABORATION THERAPEUTIC ALLIANCE GIVEN	
Additional Session Information - All of the below Health Factors are the same across all of the templates				
	<ul style="list-style-type: none">CBT ADDITIONAL SESSION INFO GPCBT ADD'L SESSION LEVEL OF ENGAGEMENT GPCBT ADD'L SESSION SUD GP	<ul style="list-style-type: none">CBT ASSESS OTHER DESCRIPTIONCBT ADD'L SESSION MS FACTORS GPCBT ADD'L SESSION CULTURAL GP	<ul style="list-style-type: none">CBT ADD'L SESSION REACTIONS GPCBT ADD'L SESSION SI/HI GPCBT ADD'L SESSION SPIRITUAL GP	

Component	CBT 1 HF	CBT 2 HF	CBT 3 HF
Homework - All of the below Health Factors are the same across all of the templates <ul style="list-style-type: none"> • CBT HMWRK ASSIGNMENT GP • CBT HMWRK WRITTEN • CBT HMWRK LIKELIHOOD 			(NA)
Plan - All of the below Health Factors are the same across all of the templates <p>CBT PLAN DT NEXT SESSION GP</p> <p>CBT PLAN DT NEXT SESSION</p>			CBT 3 PLAN GP CBT 3 PLAN COMPLETE CBT 3 PLAN BOOSTER SESSION CBT 3 PLAN POST ASSES CBT 3 PLAN REFERRAL CBT 3 PLAN PT AGREE CBT PLAN DT NEXT SESSION GP CBT PLAN DT NEXT SESSION
Final Summary - All of the below Health Factors are the same across all of the templates <p>CBT FINAL SUMMARY GP</p> <p>CBT FEEDBACK HELPFUL</p> <p>CBT FEEDBACK CONCERNS</p>			

CBT 1 Initial Phase Template Details

The below table details the content requirements to develop the CBT 1 templates.

TABLE 21 - CBT 1 TEMPLATE DETAIL

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
5	CBT 1 TITLE HEADER	dialog element				CBT 1 COGNITIVE BEHAVIORAL INITIAL			Cognitive Behavioral Therapy: Initial Phase - Individual	COGNITIVE BEHAVIORAL THERAPY (CBT): INITIAL PHASE - INDIVIDUAL
10	CBT TIME IN SESSION	dialog element							TIME IN SESSION	\\TIME IN SESSION:
	PXRM COMMENT	prompt						Comment:		
15	CBT 1 SESSION NUMBER 1-3 GP	dialog group	SESSION NUMBER	YES	2					SESSION NUMBER:
	CBT SESSION NUMBER 1	dialog element				CBT SESSION NUMBER 1			1	
	CBT SESSION NUMBER 2	dialog element				CBT SESSION NUMBER 2			2	
	CBT SESSION NUMBER 3	dialog element				CBT SESSION NUMBER 3			3	
20	CBT SESSION FORMAT GP	dialog group	SESSION FORMAT	YES	2					SESSION FORMAT:
	CBT SESSION FACE TO FACE	dialog element				CBT SESSION FACE TO FACE			Face-to-face session	
	CBT SESSION TELEPHONE	dialog element				CBT SESSION TELEPHONE			Telephone session	
	CBT SESSION VIDEO TELEHEALTH	dialog element				CBT SESSION VIDEO TELEHEALTH			Video Telehealth session	
	CBT SESSION OTHER	dialog element				CBT SESSION OTHER			Other session type	
	PXRM COMMENT	prompt						Comment:		
25	CBT SESSION LOCATION GP	dialog group	SESSION LOCATION:	YES	2					SESSION LOCATION:
	CBT LOCATION CLC	dialog element				CBT LOCATION CLC			Community Living Center	
	CBT LOCATION CBOC	dialog element				CBT LOCATION CBOC			CBOC	

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
	CBT LOCATION DOM	dialog element				CBT LOCATION DOM			Domiciliary	
	CBT LOCATION INPT MH	dialog element				CBT LOCATION INPT MH			Inpatient Mental Health	
	CBT LOCATION OEF/OIF	dialog element				CBT LOCATION OEF/OIF			OEF/OIF clinic	
	CBT LOCATION MHC	dialog element				CBT LOCATION MHC			Mental Health Clinic	
	CBT LOCATION RRTP	dialog element				CBT LOCATION RRTP			MH Residential Rehabilitation Treatment Program (RRTP)	
	CBT LOCATION MHICM	dialog element				CBT LOCATION MHICM			MHICM	
	CBT LOCATION HBPC	dialog element				CBT LOCATION HBPC			Patient residence - Hospital Based Home Care (HBHC)	
	CBT LOCATION PT RESIDENCE	dialog element				CBT LOCATION PT RESIDENCE			Patient residence - other	
	PXRM COMMENT	prompt						Comment:		
	CBT LOCATION PCT	dialog element				CBT LOCATION PCT			PTSD clinical team	
	CBT LOCATION PC	dialog element				CBT LOCATION PC			Primary Care	
	CBT LOCATION SUD	dialog element				CBT LOCATION SUD			Substance Use Disorder (SUD) clinic	
	CBT LOCATION PRRC	dialog element				CBT LOCATION PRRC			PRRC/Day Treatment	
	CBT LOCATION COMMUNITY	dialog element				CBT LOCATION COMMUNITY			Community/Non-VA	
	CBT LOCATION OTHER	dialog element				CBT LOCATION OTHER			Other location	
	PXRM COMMENT	prompt						Comment:		
30	CBT DIAGNOSIS GP	dialog group	DIAGNOSIS	YES	2					DIAGNOSIS:
	CBT DIAGNOSIS PRIMARY	dialog element							Primary Diagnosis (focus of visit):	

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
	PXRM COMMENT	prompt						Comment:		
	CBT DIAGNOSIS SECONDARY	dialog element							Secondary Diagnosis (if applicable):	
	PXRM COMMENT	prompt						Comment:		
35	CBT ASSESSMENT GP	dialog group	ASSESSMENT:	YES	2					ASSESSMENT:
	CBT MH BDI-II	dialog element				BDI2			BDI - II	
	CBT ASSESS ADDL MEASURES	dialog element							Enter name/results of any additional assessment measures done	
	PXRM COMMENT	prompt						Comment:		
45	CBT 1 SESSION CONTENT	dialog group	SESSION CONTENT	YES	2					SESSION CONTENT:
	CBT 1 SESSION CONTENT SOCIALIZATION TO CBT GP	dialog group			2				SOCIALIZATION TO CBT	
	CBT 1 CONTENT DESCRIBE	dialog element				CBT 1 CONTENT DESCRIBE			Provided a brief description of CBT and how CBT relates to the treatment goals.	
	CBT 1 CONTENT EFFICACY	dialog element				CBT 1 CONTENT EFFICACY			Provided information about the efficacy of CBT.	
	CBT 1 CONTENT AGENDA SETTING	dialog element				CBT 1 CONTENT AGENDA SETTING			Described prioritized agenda setting.	
	CBT 1 CONTENT BDI DESCRIBE	dialog element				CBT 1 CONTENT BDI DESCRIBE			Described how the BDI (Beck Depression Inventory)-II will be completed and scored	

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
									for each session.	
	CBT 1 CONTENT HMWRK DESCRIBE	dialog element				CBT 1 CONTENT HMWRK DESCRIBE			Describe how homework will be assigned and discussed each session.	
	CBT 1 CONTENT TREATMENT REVIEW	dialog element				CBT 1 CONTENT TREATMENT REVIEW			Reviewed the length (16 sessions) and frequency (weekly or biweekly) of treatment.	
	CBT 1 SESSION CONTENT TREATMENT GOALS GP	dialog group			2				TREATMENT GOALS	
	CBT 1 CONTENT PRESENTING PROBLEM	dialog element				CBT 1 CONTENT PRESENTING PROBLEM			Patient's presenting problem:	
	CBT 1 CONTENT TREATMENT GOALS	dialog element				CBT 1 CONTENT TREATMENT GOALS			Treatment goals:	
	CBT 1 CONTENT CASE CONCEPTUALIZATION	dialog element				CBT 1 CONTENT CASE CONCEPTUALIZATION			Case conceptualization:	
80	CBT 1 MOTIVATIONAL ENHANCEMENT GP	dialog group	MOTIVATIONAL ENHANCEMENT	YES	2					
	CBT 1 MOTIVATION ENHANCE GOALS	dialog element				CBT 1 MOTIVATION ENHANCE GOALS			Identified short-term goals in several areas of functioning.	
	PXRM COMMENT	prompt						Comment:		
	CBT 1 MOTIVATION ENHANCE CONSEQUENCES	dialog element				CBT 1 MOTIVATION ENHANCE CONSEQUENCES			Identified the consequences or impact of depression (or other symptoms).	
	PXRM COMMENT	prompt						Comment:		
	CBT 1 MOTIVATION ENHANCE BENEFITS	dialog element				CBT 1 MOTIVATION ENHANCE BENEFITS			Identified the benefits of reducing the severity of the depression.	

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
	PXRM COMMENT	prompt						Comment:		
	CBT 1 MOTIVATION ENHANCE ATTITUDES	dialog element				CBT 1 MOTIVATION ENHANCE ATTITUDES			Assessed attitudes and expectations for therapy.	
	PXRM COMMENT	prompt						Comment:		
	CBT 1 MOTIVATION ENHANCE BARRIERS	dialog element				CBT 1 MOTIVATION ENHANCE BARRIERS			Assessed any barriers to attending therapy and assisted the patient in problem-solving these barriers.	
	PXRM COMMENT	prompt						Comment:		
90	CBT COLLABORATION GP	dialog group	COLLABORATION:	YES	2					COLLABORATION:
	CBT DEGREE OF COLLABORATION GP	dialog group			2				The degree of collaboration between the patient and the therapist in the current session was:	
	CBT COLLABORATION LOW	dialog element				CBT COLLABORATION LOW			Low	
	CBT COLLABORATION MEDIUM	dialog element				CBT COLLABORATION MEDIUM			Medium	
	CBT COLLABORATION HIGH	dialog element				CBT COLLABORATION HIGH			High	
	CBT COLLABORATION THERAPEUTIC ALLIANCE GIVEN	dialog element				CBT COLLABORATION THERAPEUTIC ALLIANCE			If a therapeutic alliance measure was given, please report results here.	
	PXRM COMMENT	prompt						Comment:		
100	CBT HMWRK ASSIGNMENT GP	dialog group	HOMEWORK ASSIGNMENT	YES	2					COLLABORATIVE HOMEWORK ASSIGNMENT:
	CBT HMWRK ASSIGNMENT DESCRIBE	dialog element				CBT HMWRK ASSIGNMENT DESCRIBE			The homework assignment for this session was:	
	PXRM COMMENT	prompt						Comment:		

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
	CBT HMWRK WRITTEN	dialog element				CBT HMWRK WRITTEN			The homework assignment and goal of the assignment was written down.	
	CBT HMWRK UNDERSTOOD	dialog element				CBT HMWRK UNDERSTOOD			The therapist inquired about patient's understanding of the homework assignment and its rationale.	
	CBT HMWRK LIKELIHOOD	dialog element				CBT HMWRK LIKELIHOOD			Therapist and patient discussed the likelihood that the patient will do the homework.	
	CBT HMWRK CHALLENGES	dialog element				CBT HMWRK CHALLENGES			Specific roadblocks or challenges for doing the homework were discussed.	
	PXRM COMMENT	prompt						Comment:		
110	CBT ADDITIONAL SESSION INFO GP	dialog group	ADDITIONAL SESSION INFORMATION	YES	2		NO			ADDITIONAL SESSION INFORMATION:
	CBT ASSESS OTHER DESCRIPTION	dialog element					YES		Check to add information regarding: session content and reactions; level of engagement; MSE factors; SI/HI evaluation; SUD; cultural and spiritual influences.	
	CBT ADD'L SESSION REACTIONS GP	dialog group			2				Reactions to session content:	
	CBT WP-6LINES	dialog element							{FLD:W-P6LINES}	
	CBT ADD'L SESSION LEVEL OF ENGAGEMENT GP	dialog group			2				Level of engagement:	
	CBT WP-6LINES	dialog element							{FLD:W-P6LINES}	

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
	CBT ADD'L SESSION MS FACTORS GP	dialog group			2				Mental status factors:	
	CBT WP-6LINES	dialog element							{FLD:W-P6LINES}	
	CBT ADD'L SESSION SI/HI GP	dialog group			2				Suicidal/Homicidal ideation evaluation:	
	CBT WP-6LINES	dialog element							{FLD:W-P6LINES}	
	CBT ADD'L SESSION SUD GP	dialog group			2				Substance abuse:	
	CBT WP-6LINES	dialog element							{FLD:W-P6LINES}	
	CBT ADD'L SESSION CULTURAL GP	dialog group			2				Cultural influences:	
	CBT WP-6LINES	dialog element							{FLD:W-P6LINES}	
	CBT ADD'L SESSION SPIRITUAL GP	dialog group			2				Spiritual influences:	
	CBT WP-6LINES	dialog element							{FLD:W-P6LINES}	
113	CBT FINAL SUMMARY GP	dialog group	FINAL SUMMARY AND FEEDBACK	YES	2					FINAL SUMMARY AND FEEDBACK:
	CBT FEEDBACK HELPFUL	dialog element							Patient identified the following elements as helpful during the session:	
	PXRM COMMENT	prompt						Comment:		
	CBT FEEDBACK CONCERNS	dialog element							Patient expressed the following concerns about the session:	
	PXRM COMMENT	prompt						Comment:		
115	CBT PLAN DT NEXT SESSION GP	dialog group	ENTER TIME/DATE NEXT SESSION	YES	2					

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
	CBT PLAN DT NEXT SESSION	dialog element							Next session scheduled for:	
	PXRM COMMENT	prompt						Comment:		

CBT 2 Middle Phase Template Details

The below table details the content requirements to develop the CBT 2 templates.

TABLE 22 - CBT 2 TEMPLATE DETAIL

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
5	CBT 2 TITLE HEADER	dialog element				CBT 2 COGNITIVE BEHAVIORAL MIDDLE			Cognitive Behavioral Therapy: Middle Phase - Individual	COGNITIVE BEHAVIORAL THERAPY (CBT): MIDDLE PHASE - INDIVIDUAL
10	CBT TIME IN SESSION	dialog element							TIME IN SESSION	\\TIME IN SESSION:
	PXRM COMMENT	prompt						Comment:		
15	CBT 2 SESSION NUMBER 2-19	dialog group	SESSION NUMBER	YES	2					SESSION NUMBER:
	CBT SESSION NUMBER 2	dialog element				CBT SESSION NUMBER 2			2	
	CBT SESSION NUMBER 3	dialog element				CBT SESSION NUMBER 3			3	
	CBT SESSION NUMBER 4	dialog element				CBT SESSION NUMBER 4			4	
	CBT SESSION NUMBER 5	dialog element				CBT SESSION NUMBER 5			5	
	CBT SESSION NUMBER 6	dialog element				CBT SESSION NUMBER 6			6	
	CBT SESSION NUMBER 7	dialog element				CBT SESSION NUMBER 7			7	
	CBT SESSION NUMBER 8	dialog element				CBT SESSION NUMBER 8			8	
	CBT SESSION NUMBER 9	dialog element				CBT SESSION NUMBER 9			9	
	CBT SESSION NUMBER 10	dialog element				CBT SESSION NUMBER 10			10	
	CBT SESSION NUMBER 11	dialog element				CBT SESSION NUMBER 11			11	

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
	CBT SESSION NUMBER 12	dialog element				CBT SESSION NUMBER 12			12	
	CBT SESSION NUMBER 13	dialog element				CBT SESSION NUMBER 13			13	
	CBT SESSION NUMBER 14	dialog element				CBT SESSION NUMBER 14			14	
	CBT SESSION NUMBER 15	dialog element				CBT SESSION NUMBER 15			15	
	CBT SESSION NUMBER 16	dialog element				CBT SESSION NUMBER 16			16	
	CBT SESSION NUMBER 17	dialog element				CBT SESSION NUMBER 17			17	
	CBT SESSION NUMBER 18	dialog element				CBT SESSION NUMBER 18			18	
	CBT SESSION NUMBER 19	dialog element				CBT SESSION NUMBER 19			19	
20	CBT SESSION FORMAT GP	dialog group	SESSION FORMAT	YES	2					SESSION FORMAT:
	CBT SESSION FACE TO FACE	dialog element				CBT SESSION FACE TO FACE			Face-to-face session	
	CBT SESSION TELEPHONE	dialog element				CBT SESSION TELEPHONE			Telephone session	
	CBT SESSION VIDEO TELEHEALTH	dialog element				CBT SESSION VIDEO TELEHEALTH			Video Telehealth session	
	CBT SESSION OTHER	dialog element				CBT SESSION OTHER			Other session type	
	PXRM COMMENT	prompt						Comment:		
25	CBT SESSION LOCATION GP	dialog group	SESSION LOCATION:	YES	2					SESSION LOCATION:
	CBT LOCATION CLC	dialog element				CBT LOCATION CLC			Community Living Center	
	CBT LOCATION CBOC	dialog element				CBT LOCATION CBOC			CBOC	

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
	CBT LOCATION DOM	dialog element				CBT LOCATION DOM			Domiciliary	
	CBT LOCATION INPT MH	dialog element				CBT LOCATION INPT MH			Inpatient Mental Health	
	CBT LOCATION OEF/OIF	dialog element				CBT LOCATION OEF/OIF			OEF/OIF clinic	
	CBT LOCATION MHC	dialog element				CBT LOCATION MHC			Mental Health Clinic	
	CBT LOCATION RRTP	dialog element				CBT LOCATION RRTP			MH Residential Rehabilitation Treatment Program (RRTP)	
	CBT LOCATION MHICM	dialog element				CBT LOCATION MHICM			MHICM	
	CBT LOCATION HBPC	dialog element				CBT LOCATION HBPC			Patient residence - Hospital Based Home Care (HBHC)	
	CBT LOCATION PT RESIDENCE	dialog element				CBT LOCATION PT RESIDENCE			Patient residence - other	
	PXRM COMMENT	prompt						Comment:		
	CBT LOCATION PCT	dialog element				CBT LOCATION PCT			PTSD clinical team	
	CBT LOCATION PC	dialog element				CBT LOCATION PC			Primary Care	
	CBT LOCATION SUD	dialog element				CBT LOCATION SUD			Substance Use Disorder (SUD) clinic	
	CBT LOCATION PRRC	dialog element				CBT LOCATION PRRC			PRRC/Day Treatment	
	CBT LOCATION COMMUNITY	dialog element				CBT LOCATION COMMUNITY			Community/Non-VA	
	CBT LOCATION OTHER	dialog element				CBT LOCATION OTHER			Other location	
	PXRM COMMENT	prompt						Comment:		
30	CBT DIAGNOSIS GP	dialog group	DIAGNOSIS	YES	2					DIAGNOSIS:

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
	CBT DIAGNOSIS PRIMARY	dialog element							Primary Diagnosis (focus of visit):	
	PXRM COMMENT	prompt						Comment:		
	CBT DIAGNOSIS SECONDARY	dialog element							Secondary Diagnosis (if applicable):	
	PXRM COMMENT	prompt						Comment:		
35	CBT ASSESSMENT GP	dialog group	ASSESSMENT:	YES	2					ASSESSMENT:
	CBT MH BDI-II	dialog element				BDI2			BDI - II	
	CBT ASSESS ADDL MEASURES	dialog element							Enter name/results of any additional assessment measures done	
	PXRM COMMENT	prompt						Comment:		
45	CBT 2 SESSION CONTENT	dialog group	SESSION CONTENT	YES	2					SESSION CONTENT:
	CBT CONTENT BRIDGE GP	dialog group		NO	2		NO		BRIDGE FROM LAST SESSION	
	CBT CONTENT BRIDGE HELPFUL	dialog element				CBT CONTENT BRIDGE HELPFUL			Therapist inquired about what the patient found important or helpful from the last session and any patient concerns about the last session.	
	CBT CONTENT BRIDGE HMWRK	dialog element				CBT CONTENT BRIDGE HMWRK			Therapist inquired about the degree to which the homework was completed and what was learned from the homework assessment.	

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
	CBT CONTENT PRIORITIZED AGENDA GP	dialog group		NO	2		NO		PRIORITIZED AGENDA\\ Describe the prioritized agenda that was collaboratively developed with the patient. Any issues related to suicide risk or noncompliance with treatment have a higher priority.	
	CBT CONTENT AGENDA	dialog element							The therapist and patient collaboratively developed a prioritized agenda.	
	CBT 2 CONTENT COG/BEHAV STRATEGIES GP	dialog group		NO	2		YES		COGNITIVE AND BEHAVIORAL STRATEGIES USED DURING SESSION	
	CBT 2 CONTENT BEHAV STRATEGIES GP	dialog group			2				BEHAVIORAL STRATEGIES	
	CBT 2 CONTENT COG STRATEGIES GP	dialog group			2				COGNITIVE STRATEGIES	
90	CBT COLLABORATION GP	dialog group	COLLABORATION:	YES	2					COLLABORATION:
	CBT DEGREE OF COLLABORATION GP	dialog group			2				The degree of collaboration between the patient and the therapist in the current session was:	
	CBT COLLABORATION LOW	dialog element				CBT COLLABORATION LOW			Low	
	CBT COLLABORATION MEDIUM	dialog element				CBT COLLABORATION MEDIUM			Medium	
	CBT COLLABORATION HIGH	dialog element				CBT COLLABORATION HIGH			High	

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
	CBT COLLABORATION THERAPEUTIC ALLIANCE GIVEN	dialog element				CBT COLLABORATION THERAPEUTIC ALLIANCE			If a therapeutic alliance measure was given, please report results here.	
	PXRM COMMENT	prompt						Comment:		
95	CBT HMWRK ASSIGNMENT GP	dialog group	HOMEWORK ASSIGNMENT	YES	2					COLLABORATIVE HOMEWORK ASSIGNMENT:
	CBT HMWRK ASSIGNMENT DESCRIBE	dialog element				CBT HMWRK ASSIGNMENT DESCRIBE			The homework assignment for this session was:	
	PXRM COMMENT	prompt						Comment:		
	CBT HMWRK WRITTEN	dialog element				CBT HMWRK WRITTEN			The homework assignment and goal of the assignment was written down.	
	CBT HMWRK UNDERSTOOD	dialog element				CBT HMWRK UNDERSTOOD			The therapist inquired about patient's understanding of the homework assignment and its rationale.	
	CBT HMWRK LIKELIHOOD	dialog element				CBT HMWRK LIKELIHOOD			Therapist and patient discussed the likelihood that the patient will do the homework.	
	CBT HMWRK CHALLENGES	dialog element				CBT HMWRK CHALLENGES			Specific roadblocks or challenges for doing the homework were discussed.	
	PXRM COMMENT	prompt						Comment:		
105	CBT MOTIVATION ASSESSED GP	dialog group	MOTIVATIONAL ASSESSMENT	YES	2					
	CBT MOTIVATION ASSESSED	dialog element				CBT MOTIVATION ASSESSED			If therapist assessed motivation and/or applied motivational enhancement strategies please indicate and describe below:	

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
	PXRM COMMENT	prompt						Comment:		
110	CBT ADDITIONAL SESSION INFO GP	dialog group	ADDITIONAL SESSION INFORMATION	YES	2		NO			ADDITIONAL SESSION INFORMATION:
	CBT ASSESS OTHER DESCRIPTION	dialog element					YES		Check to add information regarding: session content and reactions; level of engagement; MSE factors; SI/HI evaluation; SUD; cultural and spiritual influences.	
	CBT ADD'L SESSION REACTIONS GP	dialog group			2				Reactions to session content:	
	CBT WP-6LINES	dialog element							{FLD:W-P6LINES}	
	CBT ADD'L SESSION LEVEL OF ENGAGEMENT GP	dialog group			2				Level of engagement:	
	CBT WP-6LINES	dialog element							{FLD:W-P6LINES}	
	CBT ADD'L SESSION MS FACTORS GP	dialog group			2				Mental status factors:	
	CBT WP-6LINES	dialog element							{FLD:W-P6LINES}	
	CBT ADD'L SESSION SI/HI GP	dialog group			2				Suicidal/Homicidal ideation evaluation:	
	CBT WP-6LINES	dialog element							{FLD:W-P6LINES}	
	CBT ADD'L SESSION SUD GP	dialog group			2				Substance abuse:	
	CBT WP-6LINES	dialog element							{FLD:W-P6LINES}	
	CBT ADD'L SESSION CULTURAL GP	dialog group			2				Cultural influences:	
	CBT WP-6LINES	dialog element							{FLD:W-P6LINES}	
	CBT ADD'L SESSION SPIRITUAL GP	dialog group			2				Spiritual influences:	

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
	CBT WP-6LINES	dialog element							{FLD:W-P6LINES}	
112	CBT FINAL SUMMARY GP	dialog group	FINAL SUMMARY AND FEEDBACK	YES	2					FINAL SUMMARY AND FEEDBACK:
	CBT FEEDBACK HELPFUL	dialog element							Patient identified the following elements as helpful during the session:	
	PXRM COMMENT	prompt						Comment:		
	CBT FEEDBACK CONCERNS	dialog element							Patient expressed the following concerns about the session:	
	PXRM COMMENT	prompt						Comment:		
115	CBT PLAN DT NEXT SESSION GP	dialog group	ENTER TIME/DATE NEXT SESSION	YES	2					
	CBT PLAN DT NEXT SESSION	dialog element							Next session scheduled for:	
	PXRM COMMENT	prompt						Comment:		

CBT 3 Final Phase Template Details

The below table details the content requirements to develop the CBT 3 templates.

TABLE 23 - CBT 3 TEMPLATE DETAIL

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
5	CBT 3 TITLE HEADER	dialog element				CBT 3 COGNITIVE BEHAVIORAL FINAL			Cognitive Behavioral Therapy: Final Phase - Individual	COGNITIVE BEHAVIORAL THERAPY (CBT): FINAL PHASE - INDIVIDUAL
10	CBT TIME IN SESSION	dialog element							TIME IN SESSION	\\TIME IN SESSION:
	PXRM COMMENT	prompt						Comment:		
15	CBT 3 SESSION NUMBER 10-20	dialog group	SESSION NUMBER	YES	2					SESSION NUMBER:
	CBT SESSION NUMBER 10	dialog element				CBT SESSION NUMBER 10			10	
	CBT SESSION NUMBER 11	dialog element				CBT SESSION NUMBER 11			11	
	CBT SESSION NUMBER 12	dialog element				CBT SESSION NUMBER 12			12	
	CBT SESSION NUMBER 13	dialog element				CBT SESSION NUMBER 13			13	
	CBT SESSION NUMBER 14	dialog element				CBT SESSION NUMBER 14			14	
	CBT SESSION NUMBER 15	dialog element				CBT SESSION NUMBER 15			15	
	CBT SESSION NUMBER 16	dialog element				CBT SESSION NUMBER 16			16	
	CBT SESSION NUMBER 17	dialog element				CBT SESSION NUMBER 17			17	
	CBT SESSION NUMBER 18	dialog element				CBT SESSION NUMBER 18			18	

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
	CBT SESSION NUMBER 19	dialog element				CBT SESSION NUMBER 19			19	
	CBT SESSION NUMBER 20	dialog element				CBT SESSION NUMBER 20			20	
20	CBT SESSION FORMAT GP	dialog group	SESSION FORMAT	YES	2					SESSION FORMAT:
	CBT SESSION FACE TO FACE	dialog element				CBT SESSION FACE TO FACE			Face-to-face session	
	CBT SESSION TELEPHONE	dialog element				CBT SESSION TELEPHONE			Telephone session	
	CBT SESSION VIDEO TELEHEALTH	dialog element				CBT SESSION VIDEO TELEHEALTH			Video Telehealth session	
	CBT SESSION OTHER	dialog element				CBT SESSION OTHER			Other session type	
	PXRM COMMENT	prompt						Comment:		
25	CBT SESSION LOCATION GP	dialog group	SESSION LOCATION:	YES	2					SESSION LOCATION:
	CBT LOCATION CLC	dialog element				CBT LOCATION CLC			Community Living Center	
	CBT LOCATION CBOC	dialog element				CBT LOCATION CBOC			CBOC	
	CBT LOCATION DOM	dialog element				CBT LOCATION DOM			Domiciliary	
	CBT LOCATION INPT MH	dialog element				CBT LOCATION INPT MH			Inpatient Mental Health	
	CBT LOCATION OEF/OIF	dialog element				CBT LOCATION OEF/OIF			OEF/OIF clinic	
	CBT LOCATION MHC	dialog element				CBT LOCATION MHC			Mental Health Clinic	
	CBT LOCATION RRTP	dialog element				CBT LOCATION RRTP			MH Residential Rehabilitation Treatment Program (RRTP)	

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
	CBT LOCATION MHICM	dialog element				CBT LOCATION MHICM			MHICM	
	CBT LOCATION HBPC	dialog element				CBT LOCATION HBPC			Patient residence - Hospital Based Home Care (HBHC)	
	CBT LOCATION PT RESIDENCE	dialog element				CBT LOCATION PT RESIDENCE			Patient residence - other	
	PXRM COMMENT	prompt						Comment:		
	CBT LOCATION PCT	dialog element				CBT LOCATION PCT			PTSD clinical team	
	CBT LOCATION PC	dialog element				CBT LOCATION PC			Primary Care	
	CBT LOCATION SUD	dialog element				CBT LOCATION SUD			Substance Use Disorder (SUD) clinic	
	CBT LOCATION PRRC	dialog element				CBT LOCATION PRRC			PRRC/Day Treatment	
	CBT LOCATION COMMUNITY	dialog element				CBT LOCATION COMMUNITY			Community/Non-VA	
	CBT LOCATION OTHER	dialog element				CBT LOCATION OTHER			Other location	
	PXRM COMMENT	prompt						Comment:		
30	CBT DIAGNOSIS GP	dialog group	DIAGNOSIS	YES	2					DIAGNOSIS:
	CBT DIAGNOSIS PRIMARY	dialog element							Primary Diagnosis (focus of visit):	
	PXRM COMMENT	prompt						Comment:		
	CBT DIAGNOSIS SECONDARY	dialog element							Secondary Diagnosis (if applicable):	
	PXRM COMMENT	prompt						Comment:		
35	CBT ASSESSMENT GP	dialog group	ASSESSMENT:	YES	2					ASSESSMENT:

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
	CBT MH BDI-II	dialog element				BDI2			BDI - II	
	CBT ASSESS ADDL MEASURES	dialog element							Enter name/results of any additional assessment measures done	
	PXRM COMMENT	prompt						Comment:		
90	CBT COLLABORATION GP	dialog group	COLLABORATION:	YES	2					COLLABORATION:
	CBT DEGREE OF COLLABORATION GP	dialog group			2				The degree of collaboration between the patient and the therapist in the current session was:	
	CBT COLLABORATION LOW	dialog element				CBT COLLABORATION LOW			Low	
	CBT COLLABORATION MEDIUM	dialog element				CBT COLLABORATION MEDIUM			Medium	
	CBT COLLABORATION HIGH	dialog element				CBT COLLABORATION HIGH			High	
	CBT COLLABORATION THERAPEUTIC ALLIANCE GIVEN	dialog element				CBT COLLABORATION THERAPEUTIC ALLIANCE			If a therapeutic alliance measure was given, please report results here.	
	PXRM COMMENT	prompt						Comment:		
95	CBT 3 SESSION CONTENT	dialog group	SESSION CONTENT	YES	2					SESSION CONTENT:
	CBT CONTENT BRIDGE GP	dialog group		NO	2		NO		BRIDGE FROM LAST SESSION	
	CBT CONTENT BRIDGE HELPFUL	dialog element				CBT CONTENT BRIDGE HELPFUL			Therapist inquired about what the patient found important or helpful from the last session and any patient concerns about the last session.	
	CBT CONTENT BRIDGE HMWRK	dialog element				CBT CONTENT BRIDGE HMWRK			Therapist inquired about the degree to which the homework was completed	

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
									and what was learned from the homework assessment.	
	CBT CONTENT PRIORITIZED AGENDA GP	dialog group		NO	2		NO		PRIORITIZED AGENDA\\ Describe the prioritized agenda that was collaboratively developed with the patient. Any issues related to suicide risk or noncompliance with treatment have a higher priority.	
	CBT CONTENT AGENDA	dialog element							The therapist and patient collaboratively developed a prioritized agenda.	
	CBT 3 CONTENT PROGRESS TOWARD GOALS GP	dialog group		NO	2				PROGRESS TOWARDS GOALS	
	CBT 3 CONTENT PROGRESS	dialog element				CBT 3 CONTENT PROGRESS			Patient progress in treatment, overall and in relation to specific goals	
	CBT 3 CONTENT IMPACT	dialog element				CBT 3 CONTENT IMPACT			Impact of therapy on patient's functioning:	
	CBT 3 CONTENT DEPRESSION LESSENED	dialog group			2				Patient appears to be less depressed based on the following...	
	CBT 3 CONTENT COG/BEHAV STRATEGIES	dialog group		NO	2		NO		REVIEW AND CONSOLIDATION OF SKILLS	
	CBT 3 CONTENT BEHAV STRATEGIES GP	dialog group			2				BEHAVIORAL STRATEGIES\\ Patient found the following behavioral strategies most useful:	
	CBT 3 CONTENT COG STRATEGIES GP	dialog group			2				COGNITIVE STRATEGIES\\ Patient found the following cognitive strategies most useful:	
105	CBT MOTIVATION ASSESSED GP	dialog group	MOTIVATIONAL ASSESSMENT	YES	2					MOTIVATIONAL ASSESSMENT:
	CBT MOTIVATION ASSESSED	dialog element				CBT MOTIVATION ASSESSED			If therapist assessed motivation and/or applied	

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
									motivational enhancement strategies please indicate and describe below:	
	PXRM COMMENT	prompt						Comment:		
110	CBT ADDITIONAL SESSION INFO GP	dialog group	ADDITIONAL SESSION INFORMATION	YES	2		NO			ADDITIONAL SESSION INFORMATION:
	CBT ASSESS OTHER DESCRIPTION	dialog element					YES		Check to add information regarding: session content and reactions; level of engagement; MSE factors; SI/HI evaluation; SUD; cultural and spiritual influences.	
	CBT ADD'L SESSION REACTIONS GP	dialog group			2				Reactions to session content:	
	CBT WP-6LINES	dialog element							{FLD:W-P6LINES}	
	CBT ADD'L SESSION LEVEL OF ENGAGEMENT GP	dialog group			2				Level of engagement:	
	CBT WP-6LINES	dialog element							{FLD:W-P6LINES}	
	CBT ADD'L SESSION MS FACTORS GP	dialog group			2				Mental status factors:	
	CBT WP-6LINES	dialog element							{FLD:W-P6LINES}	
	CBT ADD'L SESSION SI/HI GP	dialog group			2				Suicidal/Homicidal ideation evaluation:	
	CBT WP-6LINES	dialog element							{FLD:W-P6LINES}	
	CBT ADD'L SESSION SUD GP	dialog group			2				Substance abuse:	
	CBT WP-6LINES	dialog element							{FLD:W-P6LINES}	
	CBT ADD'L SESSION CULTURAL GP	dialog group			2				Cultural influences:	
	CBT WP-6LINES	dialog							{FLD:W-P6LINES}	

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
		element								
	CBT ADD'L SESSION SPIRITUAL GP	dialog group			2				Spiritual influences:	
	CBT WP-6LINES	dialog element							{FLD:W-P6LINES}	
111	CBT 3 PLAN GP	dialog group	PLAN	YES	2					PLAN:
	CBT 3 PLAN COMPLETE	dialog element				CBT 3 PLAN COMPLETE			Treatment completed \\(Describe the reason for the termination of treatment)	
	PXRM COMMENT	prompt						Comment:		
	CBT 3 PLAN BOOSTER SESSION	dialog element				CBT 3 PLAN BOOSTER SESSION			Booster sessions \\(Describe the reason for booster sessions and if the sessions were scheduled or will be scheduled in the future)	
	PXRM COMMENT	prompt						Comment:		
	CBT 3 PLAN POST ASSESS	dialog element				CBT 3 PLAN POST ASSESS			Scheduled post assessment sessions \\(Describe the reason for additional assessment session)	
	PXRM COMMENT	prompt						Comment:		
	CBT 3 PLAN REFERRAL	dialog element				CBT 3 PLAN REFERRAL			Referred for further evaluation, treatment or other services \\(Describe the referral and reason for referral)	
	PXRM COMMENT	prompt						Comment:		
	CBT 3 PLAN PT AGREE	dialog element				CBT 3 PLAN PT AGREE			Patient agreed with above plan \\(Provide any additional information about the plan)	
	PXRM COMMENT	prompt						Comment:		
	CBT PLAN DT NEXT SESSION GP	dialog group	ENTER TIME/DATE NEXT SESSION	YES	2					

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
	CBT PLAN DT NEXT SESSION	dialog element							Next session scheduled for:	

2.6.4. Acceptance and Commitment Therapy (ACT)

The Acceptance and Commitment Therapy (ACT) templates document the use of acceptance and mindfulness strategies mixed in different ways with commitment and behavior-change strategies, to increase psychological flexibility.

The clinician uses one of three available Dialog Reminder Templates from the Acceptance and Commitment Therapy Clinical Reminder template drawer.

The three templates available are:

- 1. ACT 1 - BEGINNING PHASE*
- 2. ACT 2 - ACTION PHASE*
- 3. ACT 3 - CLOSING PHASE*

Health Factors created by session have been detailed in the table below. When creating the Dialog Element, use the Finding Item or Additional Finding field for 1) automatic ordering, 2) adding vital measurements, 3) stuffing Education Topics, 4) including immunizations and 5) documenting ACT codes into the PCE.

Refer to Appendix D Acceptance and Commitment Therapy Screenshots for samples of the screenshots.

TABLE 24 - ACCEPTANCE AND COMMITMENT THERAPY FOR DEPRESSION FINDING ITEMS TABLE

TABLE 24: FACET THREE AND COMMITMENT THERAPY FOR DEPRESSION FINDING ITEMS TABLE			
Component	ACT 1 HF	ACT 2 HF	ACT 3 HF
Time in Session - All of the below Health Factors are the same across all of the templates			
		ACT TIME IN SESSION	
Session Number	ACT SESSION NUMBER 1 through ACT SESSION NUMBER 5	ACT SESSION NUMBER 5 through ACT SESSION NUMBER19	ACT SESSION NUMBER 10 through ACT SESSION NUMBER 20
Session Format - All of the below Health Factors are the same across all of the templates			
<div><div><ul style="list-style-type: none">• ACT SESSION FORMAT• ACT SESSION VIDEO TELEHEALTH</div><div><ul style="list-style-type: none">• ACT SESSION FACE TO FACE• ACT SESSION OTHER</div><div><ul style="list-style-type: none">• ACT SESSION TELEPHONE</div></div>			
Session Location - All of the below Health Factors are the same across all of the templates			
<div><div><ul style="list-style-type: none">• ACT SESSION LOCATION GP• ACT LOCATION DOM• ACT LOCATION MHC• ACT LOCATION HBPC• ACT LOCATION PC• ACT LOCATION COMMUNITY</div><div><ul style="list-style-type: none">• ACT LOCATION CLC• ACT LOCATION INPT MH• ACT LOCATION RRTP• ACT LOCATION PT RESIDENCE• ACT LOCATION SUD• ACT LOCATION OTHER</div><div><ul style="list-style-type: none">• ACT LOCATION CBOC• ACT LOCATION OEF/OIF• ACT LOCATION MHICM• ACT LOCATION PCT• ACT LOCATION PRRC</div></div>			
Diagnosis - All of the below Health Factors are the same across all of the templates			
<div>ACT DIAGNOSIS GP</div> <div>ACT DIAGNOSIS PRIMARY</div> <div>ACT DIAGNOSIS SECONDARY</div>			
Assessment - All of the below Health Factors are the same across all of the templates			
<div><div><ul style="list-style-type: none">• ACT ASSESSMENT• ACT ASSESS AAQII• ACT ASSESS 5 FACET MINDFULNESS SCALE</div><div><ul style="list-style-type: none">• ACT ASSESSMENT BDI-II• ACT ASSESS WHO-QOL• ACT ASSESS RESULTS DESCRIBE</div><div><ul style="list-style-type: none">• ACT ASSESS OTHER• ACT ASSESS WAI-SR</div></div>			
Session Content	ACT 1 CONTENT SESSION ACT 1 CONTENT DISCUSSED RATIONALE OF ACT ACT 1 CONTENT GOALS ACT 1 CONTENT METAPHOR CHOICES ACT 1 CONTENT METAPHOR ROLLER COASTER ACT 1 CONTENT METAPHOR MUD IN GLASS ACT 1 CONTENT METAPHOR TWO MOUNTAINS ACT 1 CONTENT CLIENT RESPONSE ACT 1 CONTENT ELICITED LIFE STORY ACT 1 HOMEWORK ACT 1 TREATMENT PROGRESS	ACT 2 CONTENT SESSION ACT 2 CONTENT TREATMENT OBJECTIVES ACT 2 CONTENT CORE PROCESSES ACT 2 CONTENT CREATIVE GP ACT 2 CONTENT ACCEPTANCE GP ACT 2 CONTENT DEFUSION GP ACT 2 CONTENT CONTACT GP ACT 2 CONTENT SELF GP ACT 2 CONTENT CLARIFYING GP ACT 2 CONTENT COMMITTED GP ACT 2 HOMEWORK ACT 2 TREATMENT PROGRESS	ACT 3 CONTENT GP ACT 3 CONTENT ACT REVIEW ACT 3 CONTENT PATIENT PROCESSES
Motivational Enhancement	ACT 1 MOTIVATIONAL ENHANCEMENT GP ACT 1 MOTIVATION ENHANCE GOALS ACT 1 MOTIVATION ENHANCE CONSEQUENCES ACT 1 MOTIVATION ENHANCE BENEFITS ACT 1 MOTIVATION ENHANCE ATTITUDES ACT 1 MOTIVATION ENHANCE BARRIERS	All of the below Health Factors are the same across all of the templates ACT MOTIVATION ASSESSES GP ACT MOTIVATION ASSESSED	
Degree of Collaboration - All of the below Health Factors are the same across all of the templates			
<ul style="list-style-type: none">• ACT COLLABORATION GP• ACT COLLABORATION MEDIUM		<ul style="list-style-type: none">• ACT DEGREE OF COLLABORATION TEXT• ACT COLLABORATION HIGH	<ul style="list-style-type: none">• ACT COLLABORATION LOW• ACT COLLABORATION THERAPEUTIC ALLIANCE GIVEN

Component	ACT 1 HF	ACT 2 HF	ACT 3 HF
Additional Session Information - All of the below Health Factors are the same across all of the templates <ul style="list-style-type: none"> • ACT ADDITIONAL SESSION INFO GP • ACT ASSESS OTHER LEVEL OF ENGAGEMENT • ACT ASSESS OTHER SUD • ACT ASSESS OTHER DESCRIPTION • ACT ASSESS OTHER MS FACTORS • ACT ASSESS OTHER CULTURAL • ACT ADDITIONAL SESSION INFO CONTENT • ACT ASSESS OTHER SI/HI • ACT ASSESS OTHER SPIRITUAL 			
Plan - All of the below Health Factors are the same across all of the templates ACT PLAN DT NEXT SESSION GP ACT PLAN DT NEXT SESSION			ACT 3 PLAN GP ACT 3 PLAN COMPLETE ACT 3 PLAN BOOSTER SESSION ACT 3 PLAN POST ASSESS ACT 3 PLAN REFERRAL ACT 3 PLAN PT AGREE ACT PLAN DT NEXT SESSION GP ACT PLAN DT NEXT SESSION
Progress Towards Goal			ACT 3 PROGRESS TOWARDS GOALS GP ACT 3 PROGRESS ACT CONTENT IMPACT ACT 3 CONTENT DEPRESSION LESSENED ACT 3 CONTENT BDI-II DECREASE ACT 3 CONTENT RPT DECREASE DEPRESSION ACT CONTENT OTHER RPT DECREASE DEP ACT 3 CONTENT DEPRESSION LESS OTHER

ACT #1 Beginning Template Detail

The below table details the content requirements to develop the ACT 1 templates.

TABLE 25 - ACT 1 TEMPLATE DETAIL

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
1	ACT 1 TITLE HEADER	dialog element				ACT 1 ACCEPT AND COMMIT BEGIN PHASE			Acceptance and Commitment Therapy (ACT) for Depression - Beginning Phase	
5	ACT TIME IN SESSION	dialog element				ACT TIME IN SESSION			Time in session	
	PXRM COMMENT	prompt						Comment:		
7	ACT 1 SESSION NUMBER GP	dialog group	SESSION NUMBER	YES	2					SESSION NUMBER:
	ACT SESSION NUMBER 1	dialog element				ACT SESSION NUMBER 1			1	
	ACT SESSION NUMBER 2	dialog element				ACT SESSION NUMBER 2			2	
	ACT SESSION NUMBER 3	dialog element				ACT SESSION NUMBER 3			3	
	ACT SESSION NUMBER 4	dialog element				ACT SESSION NUMBER 4			4	
	ACT SESSION NUMBER 5	dialog element				ACT SESSION NUMBER 5			5	
10	ACT SESSION FORMAT	dialog group	SESSION FORMAT	YES	2					SESSION FORMAT:
	ACT SESSION FACE TO FACE	dialog element				ACT SESSION FACE-TO-FACE			Face-to-Face Session	
	ACT SESSION TELEPHONE	dialog element				ACT SESSION TELEPHONE			Telephone Session	
	ACT SESSION VIDEO TELEHEALTH	dialog element				ACT SESSION VIDEO TELEHEALTH			Video Telehealth Session	

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
	ACT SESSION OTHER	dialog element				ACT SESSION OTHER			Other Session type	
	PXRM COMMENT	prompt						Comment:		
12	ACT SESSION LOCATION GP	dialog group	SESSION LOCATION:	YES	2					SESSION LOCATION:
	ACT LOCATION CLC	dialog element				ACT LOCATION CLC			Community Living Center	
	ACT LOCATION CBOC	dialog element				ACT LOCATION CBOC			CBOC	
	ACT LOCATION DOM	dialog element				ACT LOCATION DOM			Domiciliary	
	ACT LOCATION INPT MH	dialog element				ACT LOCATION INPT MH			Inpatient Mental Health	
	ACT LOCATION OEF/OIF	dialog element				ACT LOCATION OEF/OIF			OEF/OIF Clinic	
	ACT LOCATION MHC	dialog element				ACT LOCATION MHC			Mental Health Clinic	
	ACT LOCATION RRTP	dialog element				ACT LOCATION RRTP			MH Residential Rehabilitation Treatment Program (RRTP)	
	ACT LOCATION MHICM	dialog element				ACT LOCATION MHICM			MHICM	
	ACT LOCATION HBPC	dialog element				ACT LOCATION HBPC			Patient Residence - Home Based Primary Care	
	ACT LOCATION PT RESIDENCE	dialog element				ACT LOCATION PT RESIDENCE			Patient Residence - Other	
	ACT LOCATION PCT	dialog element				ACT LOCATION PCT			PTSD Clinical Team	
	ACT LOCATION PC	dialog element				ACT LOCATION PC			Primary Care	
	ACT LOCATION SUD	dialog element				ACT LOCATION SUD			Substance Use Disorder Clinic	
	ACT LOCATION PRRC	dialog element				ACT LOCATION PRRC			PRRC/Day Treatment	
	ACT LOCATION COMMUNITY	dialog element				ACT LOCATION COMMUNITY			Community/Non-VA	

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
	ACT LOCATION OTHER	dialog element				ACT LOCATION OTHER			Other	
	PXRM COMMENT	prompt						Comment:		
15	ACT DIAGNOSIS GP	dialog group	DIAGNOSIS:	YES	2					DIAGNOSIS:
	ACT DIAGNOSIS PRIMARY	dialog element							Primary Diagnosis (focus of visit)	
	PXRM COMMENT	prompt						Comment:		
	ACT DIAGNOSIS SECONDARY	dialog element							Secondary Diagnosis (if applicable)	
	PXRM COMMENT	prompt						Comment:		
20	ACT ASSESSMENT	dialog group		YES	2				ASSESSMENT	
	ACT ASSESS BDI-II	dialog element				BDI2			BDI - II (go to suicide evaluation if indicated)	
	ACT ASSESS OTHER	dialog group	OTHER ASSESSMENT INSTRUMENTS	YES	2				Other assessment instruments administered during this visit:	
	ACT ASSESS AAQII	dialog element				ACT ASSESS AAQII			Acceptance and Action Questionnaire-II (AAQ-II):	
	ACT ASSESS WHO-QOL	dialog element				ACT ASSESS WHO-QOL			World Health Organization-Quality of Life (WHO-QOL):	
	ACT ASSESS WAI-SR	dialog element				ACT ASSESS WAI-SR			Working Alliance Inventory- Short Revised (WAI-SR):	
	ACT ASSESS 5 FACET MINDFULNESS SCALE	dialog element				ACT ASSESS 5 FACET MIND SCALE			5-Facet Mindfulness Scale	
	ACT ASSESS RESULTS DESCRIBE	dialog element							Assessment Results: {FLD:BLANK WORD PROCESSING} \\\	
25	ACT 1 CONTENT SESSION	dialog group	Session Content:	YES	2				Session Content: In this beginning phase session of ACT for Depression, the following therapeutic activities were performed:	

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
	ACT 1 CONTENT DISCUSSED RATIONALE OF ACT	dialog element				ACT 1 CONTENT DISCUSSED RATIONALE OF ACT			Provided the Veteran with an overview and rationale of ACT, what to expect over the course of the treatment, and the collaborative nature of the therapeutic relationship.	
	ACT 1 CONTENT GOALS	dialog element				ACT 1 CONTENT GOALS			The goals of ACT were explained in terms of learning a new relationship with internal experience in the service of freeing oneself to pursue personal values.	
	ACT 1 CONTENT METAPHOR CHOICES	dialog group		YES	2				The following metaphors were used to assist client in understanding the treatment philosophy and purpose of ACT.	
	ACT 1 CONTENT METAPHOR ROLLER COASTER	dialog element				ACT 1 CONTENT METAPHOR ROLLER COASTER			Roller Coaster Metaphor	
	ACT 1 CONTENT METAPHOR MUD IN GLASS	dialog element				ACT 1 CONTENT METAPHOR MUD IN GLASS			Mud in Glass Metaphor	
	ACT 1 CONTENT METAPHOR TWO MOUNTAINS	dialog element				ACT 1 CONTENT METAPHOR TWO MOUNTAINS			Two Mountains Metaphor	
	ACT 1 CONTENT CLIENT RESPONSE	dialog element				ACT 1 CONTENT CLIENT RESPONSE			Client's response to rationale: {FLD:BLANK WORD PROCESSING}	
	ACT 1 CONTENT ELICITED LIFE STORY	dialog element				ACT 1 CONTENT ELICITED LIFE STORY			Therapist elicited client's Life Story"	or the history of his/her difficulty with personal presenting problem. This story included {FLD:BLANK WORD PROCESSING} "
	ACT 1 HOMEWORK	dialog element				ACT 1 HOMEWORK			Homework/Practice Assignment: {FLD:BLANK WORD PROCESSING}	

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
	ACT 1 TREATMENT PROGRESS	dialog element				ACT 1 TREATMENT PROGRESS			Treatment Progress:{FLD:BLANK WORD PROCESSING}\\\	
40	ACT 1 MOTIVATIONAL ENHANCEMENT GP	dialog group	MOTIVATIONAL ENHANCEMENT	YES	2					
	ACT 1 MOTIVATION ENHANCE GOALS	dialog element				ACT 1 MOTIVATION ENHANCE GOALS			Identified short-term goals in several areas of functioning.	
	PXRM COMMENT	prompt						Comment:		
	ACT 1 MOTIVATION ENHANCE CONSEQUENCES	dialog element				ACT 1 MOTIVATION ENHANCE CONSEQUENCES			Identified the consequences or impact of depression (or other symptoms).	
	PXRM COMMENT	prompt						Comment:		
	ACT 1 MOTIVATION ENHANCE BENEFITS	dialog element				ACT 1 MOTIVATION ENHANCE BENEFITS			Identified the benefits of reducing the severity of the depression.	
	PXRM COMMENT	prompt						Comment:		
	ACT 1 MOTIVATION ENHANCE ATTITUDES	dialog element				ACT 1 MOTIVATION ENHANCE ATTITUDES			Assessed attitudes and expectations for therapy.	
	PXRM COMMENT	prompt						Comment:		
	ACT 1 MOTIVATION ENHANCE BARRIERS	dialog element				ACT 1 MOTIVATION ENHANCE BARRIERS			Assessed any barriers to attending therapy and assisted the patient in problem-solving these barriers.	
	PXRM COMMENT	prompt						Comment:		
46	ACT COLLABORATION GP	dialog group	COLLABORATION:	YES	2					COLLABORATION:
	ACT DEGREE OF COLLABORATION TEXT	dialog element					NO		The degree of collaboration between the patient and the therapist in the current session was:	
	ACT COLLABORATION LOW	dialog element				ACT COLLABORATION LOW			Low	

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
	ACT COLLABORATION MEDIUM	dialog element				ACT COLLABORATION MEDIUM			Medium	
	ACT COLLABORATION HIGH	dialog element				ACT COLLABORATION HIGH			High	
	ACT COLLABORATION THERAPEUTIC ALLIANCE GIVEN	dialog element				ACT COLLABORATION THERAPEUTIC ALLIANCE			Results of Therapy Alliance Measure: {FLD:BLANK WORD PROCESSING} \\\	
47	ACT ADDITIONAL SESSION INFO GP	dialog group	ADDITIONAL SESSION INFORMATION	YES	2		NO			ADDITIONAL SESSION INFORMATION
	ACT ASSESS OTHER DESCRIPTION	dialog element					YES		Check to add information regarding: session content and reactions; level of engagement; MSE factors; SI/HI evaluation; SUD; cultural and spiritual influences.	
	ACT ADDITIONAL SESSION INFO CONTENT	dialog element							Reactions to Session Content: {FLD:BLANK WORD PROCESSING} \\\	
	ACT ASSESS OTHER LEVEL OF ENGAGEMENT	dialog element							Level of Engagement: {FLD:BLANK WORD PROCESSING} \\\	
	ACT ASSESS OTHER MS FACTORS	dialog element							Mental Status Factors: {FLD:BLANK WORD PROCESSING} \\\	
	ACT ASSESS OTHER SI/HI	dialog element							Suicidal/Homicidal Ideation Evaluation: {FLD:BLANK WORD PROCESSING} \\\	
	ACT ASSESS OTHER SUD	dialog element							Substance Abuse: {FLD:BLANK WORD PROCESSING} \\\	
	ACT ASSESS OTHER CULTURAL	dialog element							Cultural Influences: {FLD:BLANK WORD PROCESSING} \\\	
	ACT ASSESS OTHER SPIRITUAL	dialog element							Spiritual Influences: {FLD:BLANK WORD PROCESSING} \\\	
48	ACT PLAN DT NEXT SESSION GP	dialog group	ENTER TIME/DATE NEXT SESSION	YES	2					

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
	ACT PLAN DT NEXT SESSION	dialog element							Next session scheduled for: {FLD:WP-2VSHORT}	

ACT 2 Action Phase Template Details

The below table details the content requirements to develop the ACT 2 templates.

TABLE 26 - ACT 2 TEMPLATE DETAIL

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
1	ACT 2 TITLE HEADER	dialog element							Acceptance and Commitment Therapy (ACT) for Depression - Action Phase	ACT for Depression - Action Phase
5	ACT 2 TIME IN SESSION	dialog element				ACT 2 TIME IN SESSION			Time in session	
	PXRM COMMENT	prompt						Comment:		
7	ACT 2 SESSION NUMBER GP	dialog group		YES	2				SESSION NUMBER:	
	ACT SESSION NUMBER 5	dialog element				ACT SESSION NUMBER 5			5	
	ACT SESSION NUMBER 6	dialog element				ACT SESSION NUMBER 6			6	
	ACT SESSION NUMBER 7	dialog element				ACT SESSION NUMBER 7			7	
	ACT SESSION NUMBER 8	dialog element				ACT SESSION NUMBER 8			8	
	ACT SESSION NUMBER 9	dialog element				ACT SESSION NUMBER 9			9	
	ACT SESSION NUMBER 10	dialog element				ACT SESSION NUMBER 10			10	
	ACT SESSION NUMBER 11	dialog element				ACT SESSION NUMBER 11			11	
	ACT SESSION NUMBER 12	dialog element				ACT SESSION NUMBER 12			12	
	ACT SESSION NUMBER 13	dialog element				ACT SESSION NUMBER 13			13	
	ACT SESSION NUMBER 14	dialog element				ACT SESSION NUMBER 14			14	

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
	ACT SESSION NUMBER 15	dialog element				ACT SESSION NUMBER 15			15	
	ACT SESSION NUMBER 16	dialog element				ACT SESSION NUMBER 16			16	
	ACT SESSION NUMBER 17	dialog element				ACT SESSION NUMBER 17			17	
	ACT SESSION NUMBER 18	dialog element				ACT SESSION NUMBER 18			18	
	ACT SESSION NUMBER 19	dialog element				ACT SESSION NUMBER 19			19	
10	ACT SESSION FORMAT	dialog group	SESSION FORMAT	YES	2					SESSION FORMAT:
	ACT SESSION FACE TO FACE	dialog element				ACT SESSION FACE-TO-FACE			Face-to-Face Session	
	ACT SESSION TELEPHONE	dialog element				ACT SESSION TELEPHONE			Telephone Session	
	ACT SESSION VIDEO TELEHEALTH	dialog element				ACT SESSION VIDEO TELEHEALTH			Video Telehealth Session	
	ACT SESSION OTHER	dialog element				ACT SESSION OTHER			Other Session type	
	PXRM COMMENT	prompt						Comment:		
11	ACT SESSION LOCATION GP	dialog group	SESSION LOCATION:	YES	2					SESSION LOCATION:
	ACT LOCATION CLC	dialog element				CBT LOCATION CLC			Community Living Center	
	ACT LOCATION CBOC	dialog element				ACT LOCATION CBOC			CBOC	
	ACT LOCATION DOM	dialog element				ACT LOCATION DOM			Domiciliary	
	ACT LOCATION INPT MH	dialog element				ACT LOCATION INPT MH			Inpatient Mental Health	
	ACT LOCATION OEF/OIF	dialog element				ACT LOCATION OEF/OIF			OEF/OIF Clinic	

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
	ACT LOCATION MHC	dialog element				ACT LOCATION MHC			Mental Health Clinic	
	ACT LOCATION RRTP	dialog element				ACT LOCATION RRTP			MH Residential Rehabilitation Treatment Program (RRTP)	
	ACT LOCATION MHICM	dialog element				ACT LOCATION MHICM			MHICM	
	ACT LOCATION HBPC	dialog element				ACT LOCATION HBPC			Patient Residence - Home Based Primary Care	
	ACT LOCATION PT RESIDENCE	dialog element				ACT LOCATION PT RESIDENCE			Patient Residence - Other	
	ACT LOCATION PCT	dialog element				ACT LOCATION PCT			PTSD Clinical Team	
	ACT LOCATION PC	dialog element				ACT LOCATION PC			Primary Care	
	ACT LOCATION SUD	dialog element				ACT LOCATION SUD			Substance Use Disorder Clinic	
	ACT LOCATION PRRC	dialog element				ACT LOCATION PRRC			PRRC/Day Treatment	
	ACT LOCATION COMMUNITY	dialog element				ACT LOCATION COMMUNITY			Community/Non-VA	
	ACT LOCATION OTHER	dialog element				ACT LOCATION OTHER			Other	
	PXRM COMMENT	prompt						Comment:		
15	ACT DIAGNOSIS GP	dialog group	DIAGNOSIS:	YES	2					DIAGNOSIS:
	ACT DIAGNOSIS PRIMARY	dialog element							Primary Diagnosis (focus of visit)	
	PXRM COMMENT	prompt						Comment:		
	ACT DIAGNOSIS SECONDARY	dialog element							Secondary Diagnosis (if applicable)	
	PXRM COMMENT	prompt						Comment:		
20	ACT ASSESSMENT	dialog group		YES	2				ASSESSMENT	

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
	ACT ASSESS BDI-II	dialog element				BDI2			BDI - II (go to suicide evaluation if indicated)	
	ACT ASSESS OTHER	dialog group	OTHER ASSESSMENT INSTRUMENTS	YES	2				Other assessment instruments administered during this visit:	
	ACT ASSESS AAQII	dialog element				ACT ASSESS AAQII			Acceptance and Action Questionnaire-II (AAQ-II):	
	ACT ASSESS WHO-QOL	dialog element				ACT ASSESS WHO-QOL			World Health Organization-Quality of Life (WHO-QOL):	
	ACT ASSESS WAI-SR	dialog element				ACT ASSESS WAI-SR			Working Alliance Inventory- Short Revised (WAI-SR):	
	ACT ASSESS 5 FACET MINDFULNESS SCALE	dialog element				ACT ASSESS 5 FACET MIND SCALE			5-Facet Mindfulness Scale	
	ACT ASSESS RESULTS DESCRIBE	dialog element							Assessment Results: {FLD:BLANK WORD PROCESSING} \\	
25	ACT 2 CONTENT SESSION	dialog group		YES	2				Session Content:	
	ACT 2 CONTENT TREATMENT OBJECTIVES	dialog element				ACT 2 CONTENT TREATMENT OBJECTIVES			ACT Treatment Objectives for this session:\\ {FLD:BLANK WORD PROCESSING}	
	ACT 2 CONTENT CORE PROCESSES	dialog group		YES	2				The following Core Processes were facilitated in this session:	

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
	ACT 2 CONTENT CREATIVE GP	dialog group	CREATIVE HOPELESSNESS	YES	2				Creative Hopelessness and Undermining Experiential Control: A therapeutic process of helping clients recognize unworkable patterns of experiential avoidance and control; and recognize the cost of unwillingness relative to valued life ends.	
	ACT 2 CONTENT ACCEPTANCE GP	dialog group	ACCEPTANCE	YES	2				Acceptance and Willingness: An alternative to experiential avoidance. This process involves active awareness of thoughts, emotions, sensations and memories, without unnecessary attempts to change their frequency or form, especially when doing so would cause psychological harm.	
	ACT 2 CONTENT DEFUSION GP	dialog group	DEFUSION	YES	2				Defusion: a therapeutic process of helping clients to mindfully observe their own thinking as a continuous process and to support the client in detaching from thoughts held too literally. Through this process clients learn a new and less problematic relationship with thinking.	
	ACT 2 CONTENT CONTACT GP	dialog group		YES	2				Contact with Present Moment: Therapeutic process of helping clients to directly, fully, and mindfully contact the here and now"	including both sensory contact with the external world and contact with internal processes of thinking

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
	ACT 2 CONTENT SELF GP	dialog group		YES	2				Self as Context: Therapeutic process of working with clients to establish a conscious observing self that is guided to observe thoughts and emotions as ongoing experiences which make up the content of his/her life.	
	ACT 2 CONTENT CLARIFYING GP	dialog group		YES	2				Clarifying Values: a therapeutic process of helping clients identify and connect with core personal values that bring meaning, purpose and fulfillment to their lives. Values are seen as chosen life directions that serve to guide one's actions.	
	ACT 2 CONTENT COMMITTED GP	dialog group		YES	2				Committed Action: A therapeutic process that focuses on behavioral change needed to achieve concrete goals in the service of defined values.	
	ACT 2 HOMEWORK	dialog element				ACT 2 HOMEWORK			Homework/Practice Assignment	
	PXRM COMMENT	prompt						Comment:		
	ACT 2 TREATMENT PROGRESS	dialog element				ACT 2 TREATMENT PROGRESS			Treatment Progress:	
	PXRM COMMENT	prompt						Comment:		
30	ACT COLLABORATION GP	dialog group	COLLABORATION:	YES	2					COLLABORATION:

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
	ACT DEGREE OF COLLABORATION TEXT	dialog element					NO		The degree of collaboration between the patient and the therapist in the current session was:	
	ACT COLLABORATION LOW	dialog element				ACT COLLABORATION LOW			Low	
	ACT COLLABORATION MEDIUM	dialog element				ACT COLLABORATION MEDIUM			Medium	
	ACT COLLABORATION HIGH	dialog element				ACT COLLABORATION HIGH			High	
	ACT COLLABORATION THERAPEUTIC ALLIANCE GIVEN	dialog element				ACT COLLABORATION THERAPEUTIC ALLIANCE			Results of Therapy Alliance Measure: {FLD:BLANK WORD PROCESSING} \\\	
35	ACT MOTIVATION ASSESSED GP	dialog group	MOTIVATIONAL ASSESSMENT	YES	2					MOTIVATIONAL ASSESSMENT:
	ACT MOTIVATION ASSESSED	dialog element				ACT MOTIVATION ASSESSED			If therapist assessed motivation and/or applied motivational enhancement strategies please indicate and describe below:	
	PXRM COMMENT	prompt						Comment:		
40	ACT ADDITIONAL SESSION INFO GP	dialog group	ADDITIONAL SESSION INFORMATION	YES	2		NO			ADDITIONAL SESSION INFORMATION
	ACT ASSESS OTHER DESCRIPTION	dialog element					YES		Check to add information regarding: session content and reactions; level of engagement; MSE factors; SI/HI evaluation; SUD; cultural and spiritual influences.	

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
	ACT ADDITIONAL SESSION INFO CONTENT	dialog element							Reactions to Session Content: {FLD:BLANK WORD PROCESSING} \\\	
	ACT ASSESS OTHER LEVEL OF ENGAGEMENT	dialog element							Level of Engagement: {FLD:BLANK WORD PROCESSING} \\\	
	ACT ASSESS OTHER MS FACTORS	dialog element							Mental Status Factors: {FLD:BLANK WORD PROCESSING} \\\	
	ACT ASSESS OTHER SI/HI	dialog element							Suicidal/Homicidal Ideation Evaluation: {FLD:BLANK WORD PROCESSING} \\\	
	ACT ASSESS OTHER SUD	dialog element							Substance Abuse: {FLD:BLANK WORD PROCESSING} \\\	
	ACT ASSESS OTHER CULTURAL	dialog element							Cultural Influences: {FLD:BLANK WORD PROCESSING} \\\	
	ACT ASSESS OTHER SPIRITUAL	dialog element							Spiritual Influences: {FLD:BLANK WORD PROCESSING} \\\	
45	ACT PLAN DT NEXT SESSION GP	dialog group	ENTER TIME/DATE NEXT SESSION	YES	2					
	ACT PLAN DT NEXT SESSION	dialog element							Next session scheduled for: {FLD:WP-2VSHORT}	

ACT 3 Closing Phase Template Details

The below table details the content requirements to develop the ACT 3 templates.

TABLE 27 - ACT 3 TEMPLATE DETAIL

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
1	ACT 3 TITLE HEADER	dialog element							Acceptance and Commitment Therapy (ACT) for Depression - Closing Phase	ACT for Depression - Beginning Phase
5	ACT TIME IN SESSION	dialog element				ACT TIME IN SESSION			Time in session	
	PXRM COMMENT	prompt						Comment:		
7	ACT 3 SESSION NUMBER GP	dialog group		YES	2				SESSION NUMBER:	
	ACT SESSION NUMBER 10	dialog element				ACT SESSION NUMBER 10			10	
	ACT SESSION NUMBER 11	dialog element				ACT SESSION NUMBER 11			11	
	ACT SESSION NUMBER 12	dialog element				ACT SESSION NUMBER 12			12	
	ACT SESSION NUMBER 13	dialog element				ACT SESSION NUMBER 13			13	
	ACT SESSION NUMBER 14	dialog element				ACT SESSION NUMBER 14			14	
	ACT SESSION NUMBER 15	dialog element				ACT SESSION NUMBER 15			15	
	ACT SESSION NUMBER 16	dialog element				ACT SESSION NUMBER 16			16	
	ACT SESSION NUMBER 17	dialog element				ACT SESSION NUMBER 17			17	
	ACT SESSION NUMBER 18	dialog element				ACT SESSION NUMBER 18			18	
	ACT SESSION NUMBER 19	dialog element				ACT SESSION NUMBER 19			19	

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
	ACT SESSION NUMBER 20	dialog element				ACT SESSION NUMBER 20			20	
10	ACT SESSION FORMAT	dialog group	SESSION FORMAT	YES	2					SESSION FORMAT:
	ACT SESSION FACE TO FACE	dialog element				ACT SESSION FACE-TO-FACE			Face-to-Face Session	
	ACT SESSION TELEPHONE	dialog element				ACT SESSION TELEPHONE			Telephone Session	
	ACT SESSION VIDEO TELEHEALTH	dialog element				ACT SESSION VIDEO TELEHEALTH			Video Telehealth Session	
	ACT SESSION OTHER	dialog element				ACT SESSION OTHER			Other Session type	
	PXRM COMMENT	prompt						Comment:		
12	ACT SESSION LOCATION GP	dialog group	SESSION LOCATION:	YES	2					SESSION LOCATION:
	ACT LOCATION CLC	dialog element				CBT LOCATION CLC			Community Living Center	
	ACT LOCATION CBOC	dialog element				ACT LOCATION CBOC			CBOC	
	ACT LOCATION DOM	dialog element				ACT LOCATION DOM			Domiciliary	
	ACT LOCATION INPT MH	dialog element				ACT LOCATION INPT MH			Inpatient Mental Health	
	ACT LOCATION OEF/OIF	dialog element				ACT LOCATION OEF/OIF			OEF/OIF Clinic	
	ACT LOCATION MHC	dialog element				ACT LOCATION MHC			Mental Health Clinic	
	ACT LOCATION RRTP	dialog element				ACT LOCATION RRTP			MH Residential Rehabilitation Treatment Program (RRTP)	
	ACT LOCATION MHICM	dialog element				ACT LOCATION MHICM			MHICM	

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
	ACT LOCATION HBPC	dialog element				ACT LOCATION HBPC			Patient Residence - Home Based Primary Care	
	ACT LOCATION PT RESIDENCE	dialog element				ACT LOCATION PT RESIDENCE			Patient Residence - Other	
	ACT LOCATION PCT	dialog element				ACT LOCATION PCT			PTSD Clinical Team	
	ACT LOCATION PC	dialog element				ACT LOCATION PC			Primary Care	
	ACT LOCATION SUD	dialog element				ACT LOCATION SUD			Substance Use Disorder Clinic	
	ACT LOCATION PRRC	dialog element				ACT LOCATION PRRC			PRRC/Day Treatment	
	ACT LOCATION COMMUNITY	dialog element				ACT LOCATION COMMUNITY			Community/Non-VA	
	ACT LOCATION OTHER	dialog element				ACT LOCATION OTHER			Other	
	PXRM COMMENT	prompt						Comment:		
15	ACT DIAGNOSIS GP	dialog group	DIAGNOSIS:	YES	2					DIAGNOSIS:
	ACT DIAGNOSIS PRIMARY	dialog element							Primary Diagnosis (focus of visit)	
	PXRM COMMENT	prompt						Comment:		
	ACT DIAGNOSIS SECONDARY	dialog element							Secondary Diagnosis (if applicable)	
	PXRM COMMENT	prompt						Comment:		
20	ACT ASSESSMENT	dialog group		YES	2				ASSESSMENT	
	ACT ASSESS BDI-II	dialog element				BDI2			BDI - II (go to suicide evaluation if indicated)	
	ACT ASSESS OTHER	dialog group	OTHER ASSESSMENT INSTRUMENTS	YES	2				Other assessment instruments administered during this visit:	
	ACT ASSESS AAQII	dialog element				ACT ASSESS AAQII			Acceptance and Action Questionnaire-II (AAQ-II):	

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
	ACT ASSESS WHO-QOL	dialog element				ACT ASSESS WHO-QOL			World Health Organization-Quality of Life (WHO-QOL):	
	ACT ASSESS WAI-SR	dialog element				ACT ASSESS WAI-SR			Working Alliance Inventory-Short Revised (WAI-SR):	
	ACT ASSESS 5 FACET MINDFULNESS SCALE	dialog element				ACT ASSESS 5 FACET MIND SCALE			5-Facet Mindfulness Scale	
	ACT ASSESS RESULTS DESCRIBE	dialog element							Assessment Results: {FLD:BLANK WORD PROCESSING} \\\	
30	ACT 3 CONTENT GP	dialog group	SESSION CONTENT	YES	2				This was the Final Session of the Acceptance and Commitment (ACT) for Depression.	
	ACT 3 CONTENT ACT REVIEW	dialog element				ACT 3 CONTENT ACT REVIEW			The therapist and patient reviewed how the ACT relevant processes have led to changes in the person's life functioning including how they have been impacted by experiential willingness/acceptance and values guided behavior.	
	ACT 3 CONTENT PATIENT PROCESSES	dialog element				ACT 3 CONTENT PATIENT PROCESSES			For this patient, these processes and changes have included: {FLD:BLANK WORD PROCESSING}	
35	ACT COLLABORATION GP	dialog group	COLLABORATION:	YES	2					COLLABORATION:
	ACT DEGREE OF COLLABORATION TEXT	dialog element					NO		The degree of collaboration between the patient and the therapist in the current session was:	

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
	ACT COLLABORATION LOW	dialog element				ACT COLLABORATION LOW			Low	
	ACT COLLABORATION MEDIUM	dialog element				ACT COLLABORATION MEDIUM			Medium	
	ACT COLLABORATION HIGH	dialog element				ACT COLLABORATION HIGH			High	
	ACT COLLABORATION THERAPEUTIC ALLIANCE GIVEN	dialog element				ACT COLLABORATION THERAPEUTIC ALLIANCE			Results of Therapy Alliance Measure: {FLD:BLANK WORD PROCESSING} \\\	
36	ACT ADDITIONAL SESSION INFO GP	dialog group	ADDITIONAL SESSION INFORMATION	YES	2		NO			ADDITIONAL SESSION INFORMATION
	ACT ASSESS OTHER DESCRIPTION	dialog element					YES		Check to add information regarding: session content and reactions; level of engagement; MSE factors; SI/HI evaluation; SUD; cultural and spiritual influences.	
	ACT ADDITIONAL SESSION INFO CONTENT	dialog element							Reactions to Session Content: {FLD:BLANK WORD PROCESSING} \\\	
	ACT ASSESS OTHER LEVEL OF ENGAGEMENT	dialog element							Level of Engagement: {FLD:BLANK WORD PROCESSING} \\\	
	ACT ASSESS OTHER MS FACTORS	dialog element							Mental Status Factors: {FLD:BLANK WORD PROCESSING} \\\	
	ACT ASSESS OTHER SI/HI	dialog element							Suicidal/Homicidal Ideation Evaluation: {FLD:BLANK WORD PROCESSING} \\\	

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
	ACT ASSESS OTHER SUD	dialog element							Substance Abuse: {FLD:BLANK WORD PROCESSING} \\\	
	ACT ASSESS OTHER CULTURAL	dialog element							Cultural Influences: {FLD:BLANK WORD PROCESSING} \\\	
	ACT ASSESS OTHER SPIRITUAL	dialog element							Spiritual Influences: {FLD:BLANK WORD PROCESSING} \\\	
37	ACT 3 PROGRESS TOWARD GOALS GP	dialog group		YES	2				PROGRESS TOWARDS GOALS	PROGRESS TOWARDS TREATMENT GOALS
	ACT 3 PROGRESS	dialog element				ACT 3 PROGRESS TOWARD GOAL			Patient progress in treatment, overall and in relation to specific goals: {FLD:BLANK WORD PROCESSING} \\\	
	ACT 3 CONTENT IMPACT	dialog element				ACT 3 IMPACT ON FUNCTION			Impact of therapy on patient's functioning: {FLD:BLANK WORD PROCESSING} \\\	
	ACT 3 CONTENT DEPRESSION LESSENER	dialog group			2				Patient appears to be less depressed based on the following:	
	ACT 3 CONTENT BDI-II DECREASE	dialog element				ACT 3 BDI-II DECREASE			BDI-II score has decreased	
	ACT 3 CONTENT RPT DECREASE DEPRESSION	dialog element				ACT 3 RPT DECREASE DEPRESSION			Patient reports feeling less depressed	
	ACT CONTENT OTHER RPT DECREASE DEP	dialog element				ACT 3 OTHER RPT DECREASE DEP			Other people in the patient's social network have noticed that the patient is less depressed	
	ACT 3 CONTENT DEPRESSION LESS OTHER	dialog element				ACT 3 DEPRESSION LESS OTHER			Other	
45	ACT 3 PLAN GP	dialog group		YES	2				PLAN	

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
	ACT 3 PLAN COMPLETE	dialog element				ACT 3 PLAN COMPLETE			Treatment Completed\\ Describe the reason for the termination of treatment	
	PXRM COMMENT	prompt						Comment:		
	ACT 3 PLAN BOOSTER SESSION	dialog element				ACT 3 PLAN BOOSTER SESSION			Booster Sessions\\ Describe the reason for booster sessions and if the sessions were scheduled or will be scheduled in the future	
	PXRM COMMENT	prompt						Comment:		
	ACT 3 PLAN POST ASSESS	dialog element				ACT 3 PLAN POST ASSESS			Scheduled Post Assessment Sessions\\ Describe the reason for additional assessment session	
	PXRM COMMENT	prompt						Comment:		
	ACT 3 PLAN REFERRAL	dialog element				ACT 3 PLAN REFERRAL			Referred for Further Evaluation, Treatment or Other Services\\ Describe the referral and reason for referral	
	PXRM COMMENT	prompt						Comment:		
	ACT 3 PLAN PT AGREE	dialog element				ACT 3 PLAN PT AGREE			Patient agreed with above Plan\\ Provide any additional information about the plan	
	PXRM COMMENT	prompt						Comment:		
	ACT PLAN DT NEXT SESSION GP	dialog group	ENTER TIME/DATE NEXT SESSION	YES	2					
	ACT PLAN DT NEXT SESSION	dialog element							Next session scheduled for: {FLD:WP-2VSHORT}	

2.6.5. Social Skills Training (SST)

The Social Skills Training (SST) templates is a treatment documenting the results of the educational procedure that employs didactic instruction, breaking skills down into discrete steps, modeling, behavioral rehearsal (role-playing), and social reinforcement.

The clinician uses the Dialog Reminder Template from the *Social Skills Training* Clinical Reminder Drawer.

The template available is:

1. SST - GOAL SETTING SESSION

Health Factors created by session have been detailed in the table below. Using the Finding Item or Additional Finding field while creating the Dialog Element, allows for automatic ordering, adding vital measurements, stuffing Education Topics, immunizations, and CPT codes etc into PCE.

Refer to Appendix E *Social Skills Training Screenshots* for samples of the screenshots.

TABLE 28 - SOCIAL SKILL TRAINING FINDING ITEMS TABLE

Component	SST HF
SST Goal s	SST GOAL SETTING
SST Time in Session	TIME SPENT IN SESSION
SST Session Number	SST SESSION 1, SST SESSION 2, or SST SESSION 3
SST Session Format	SST SESSION FACE TO FACE SST SESSION TELEPHONE SST SESSION VIDEO TELEHEALTH SST SESSION OTHER
SST Location	SST LOCATION COMMUNITY LIVING CENETR SST LOCATION COMMUNITY BASED OPT CLINIC SST LOCATION DOMICILARY SST LOCATION INPATIENT MH UNIT SST LOCATION OEF/OIF CLINIC SST LOCATION MENTAL HEALTH CLINIC SST LOCATION MHR RTP SST LOCATION MHICM SST LOCATION PATIENT RESIDENCE HBPC SST LOCATION PATIENT RESIDENCE-OTHER SST LOCATION PTSD CLINICAL TEAM SST LOCATION PRIMARY CARE SST LOCATION SUBSTANCE ABUSE DIS CLINIC SST LOCATION PRRC/DAY TREATMENT SST LOCATION OTHER
SST Primary Diagnosis	SST PRIMARY SCHIZOPHRENIA

Component	SST HF
	SST PRIMARY SCHIZOAFFECTIVE SST PRIMARY BIPOLAR SST PRIMARY MAJOR DEPRESSION SST PRIMARY OTHER
SST Assessment	SST ASSESS BRIEF GOAL SST ASSESS SOCIAL FUNCTIONING INTERVIEW SST ASSESS SOCIAL ADAPTIVE FUNCTIONING SST ASSESS OTHER
SST Other Relevant Assess	SST OTHER RELEVANT ASSESS
SST Session Content	SST CONTENT INTRO FACILITATORS SST CONTENT REVIEW PURPOSE SST CONTENT DIFFERENT GROUP SST CONTENT GENERL FORMAT SST CONTENT EXPECTATIONS SST CONTENT GOALS SST CONTENT HANDOUT SST CONTENT OTHER
SST Short Long Goals	SST GOALS SHORT SST GOALS LONG
SST Degree of Collaboration	SST COLLABORATION LOW SST COLLABORATION MEDIUM SST COLLABORATION HIGH
SST Overall Collaboration	SST OVERALL COLLABORATION
SST Additional WP	SST ADDITIONAL SESSION INFO
SST Plan GP	SST NEXT APPT

SST Goal Setting Template Detail:

The below table details the content requirements to develop the SST templates.

TABLE 29 - SST TEMPLATE DETAIL

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
10	SST GOALS TITLE	dialog element				SST GOAL SETTING	NO		Social Skills Training for Serious Mental Illness Goal Setting Session - Individual	
20	SST TIME IN SESSION	dialog element							TIME SPENT IN SESSION	
	PXRM COMMENT	prompt						Comment:		
30	SST SESSION NUMBER 1-3	dialog group	SESSION NUMBER	NO	2				SESSION NUMBER	
	SST SESSION NUMBER 1	dialog element				SST SESSION NUMBER 1			Session 1	
	SST SESSION NUMBER 2	dialog element				SST SESSION NUMBER 2	NO		Session 2	
	SST SESSION NUMBER 3	dialog element				SST SESSION NUMBER 3			Session 3	
40	SST SESSION FORMAT	dialog group	SESSION FORMAT	NO	2				SESSION FORMAT	
	SST SESSION FACE-TO-FACE	dialog element				SST SESSION FACE-TO-FACE			Face-to-Face	
	SST SESSION TELEPHONE	dialog element				SST SESSION TELEPHONE			Telephone	
	SST SESSION VIDEO	dialog element				SST SESSION VIDEO TELEHEALTH			Video	
	SST SESSION OTHER	dialog element				SST SESSION OTHER			Other	
	PXRM COMMENT	prompt						Comment:		
50	SST LOCATION	dialog group	SESSION LOCATION	NO	2				SESSION LOCATION	
	SST LOCATION COMMUNITY LIVING CENTER	dialog element				SST LOCATION COMMUNITY LIVING CENTER			Community Living Center	
	SST LOCATION COMMUNITY BASED OPT CLINIC	dialog element				SST LOCATION COMMUNITY BASED OPT CLINIC			Community Based Outpatient Clinic	
	SST LOCATION DOMICILLARY	dialog element				SST LOCATION DOMICILARY			Domiciliary	

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
	SST LOCATION INPATIENT MENTAL HEALTH UNIT	dialog element				SST LOCATION INPATIENT MH UNIT			Inpatient Mental Health Unit	
	SST LOCATION OEF/OIF CLINIC	dialog element				SST LOCATION OEF/OIF CLINIC			OEF/OIF clinic	
	SST LOCATION MENTAL HEALTH CLINIC	dialog element				SST LOCATION MENTAL HEALTH CLINIC			Mental Health Clinic	
	SST LOCATION MHR RTP	dialog element				SST LOCATION MHR RTP			Mental Health Residential Rehabilitation and Treatment Program	
	SST LOCATION MHICM	dialog element				SST LOCATION MHICM			MHICM	
	SST LOCATION PATIENT RESIDENCE- HOME BASED PRIMARY CARE	dialog element				SST LOCATION PATIENT RESIDENCE HBPC			Patient Residence- Home Based Primary Care	
	SST LOCATION PATIENT RESIDENCE- OTHER	dialog element				SST LOCATION PATIENT RESIDENCE- OTHER			Patient Residence- Other	
	SST LOCATION PTSD CLINICAL TEAM	dialog element				SST LOCATION PTSD CLINICAL TEAM			PTSD Clinical Team	
	SST LOCATION PRIMARY CARE	dialog element				SST LOCATION PRIMARY CARE			Primary Care	
	SST LOCATION SUBSTANCE USE DISORDER CLINIC	dialog element				SST LOCATION SUBSTANCE ABUSE DIS CLINIC			Substance Abuse Disorder Clinic	
	SST LOCATION PRRC/DAY TREATMENT	dialog element				SST LOCATION PRRC/DAY TREATMENT			PRRC/Day Treatment	
	SST LOCATION OTHER	dialog element				SST LOCATION OTHER			Other	
60	SST PRIMARY DIAGNOSIS	dialog group	PRIMARY DIAGNOSIS	YES	2				PRIMARY DIAGNOSIS	
	SST PRIMARY SCHIZOPHRENIA	dialog element				SST PRIMARY SCHIZOPHRENIA			Schizophrenia	
	SST PRIMARY SCHIZOAFFECTIVE	dialog element				SST PRIMARY SCHIZOAFFECTIVE			Schizoaffective	
	SST PRIMARY BIPOLAR	dialog element				SST PRIMARY BIPOLAR			Bipolar	

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
	SST PRIMARY MAJOR DEPRESSION	dialog element				SST PRIMARY MAJOR DEPRESSION			Major Depression	
	SST PRIMARY OTHER	dialog element				SST PRIMARY OTHER			Other	
	PXRM COMMENT	prompt						Comment:		
70	SST SECONARDY DIAGNOSIS	dialog element							SECONDARY DIAGNOSIS	
	PXRM COMMENT	prompt						Comment:		
80	SST ASSESSMENT	dialog group	ASSESSMENT	NO	2				ASSESSMENT: Check all that apply	ASSESSMENTS:
	SST BREIF GOAL ASSESSMENT	dialog element				SST ASSESS BRIEF GOAL			Brief Goal Assessment: Social Skills Training Goal Assessment	
	PXRM COMMENT	prompt						Comment:		
	SST ASSESS SOCIAL FUNCTIONING INTERVIEW	dialog element				SST ASSESS SOCIAL FUNCTIONING interview			Social Functioning Interview	
	PXRM COMMENT	prompt						Comment:		
	SST ASSESS SOCIAL ADAPTIVE FUNCTIONING INTERVIEW	dialog element				SST ASSESS SOCIAL ADAPTIVE FUNCTIONING			Social Adaptive Functioning Evaluation	
	PXRM COMMENT	prompt						Comment:		
	SST ASSESS OTHER	dialog element				SST ASSESS OTHER			Other	
	PXRM COMMENT	prompt						Comment:		
90	SST OTHER RELEVANT ASSESS	dialog group			2		NO		OTHER RELEVANT ASSESSMENT INFORMATION (SPECIFIC TO TREATMENT MODEL): Please note any relevant mental status factors, any indications of SI/HI, and reactions to session content. Also include cultural, spiritual influences that may be relevant and any noted substance use. Complete local suicide note template if appropriate.	OTHER RELEVANT ASSESSMENT INFORMATION

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
	SST OTHER RELAVANT CONTENT	dialog element				SST OTHER RELAVANT ASSESS			{FLD:BLANK WORD PROCESSING}\\\	
100	SST SESSION CONTENT	dialog group		NO	2				SESSION CONTENT: check all that apply	SESSION CONTENT: This was the initial session of the Social Skills training for Serious Mental Illness protocol. The first session is conducted with the individual Veteran to provide an introduction to SST for SMI and to identify goals for treatment.
	SST CONTENT INTRO FACILITATORS	dialog element				SST CONTENT INTRO FALILITATORS			At the start of the session the therapist introduced the Social Skills Training Group facilitators	
	SST CONTENT PURPOSE	dialog element				SST CONTENT REVIEW PURPOSE			The therapist reviewed the purpose of Social Skills Training Group (i.e. Recovery-oriented, SST curriculum based on identified goals)	
	SST CONTENT DIFFERENT	dialog element				SST CONTENT DIFFERENT GROUP			There was a discussion about ways in which Social Skills Training Group is different from .other. groups (i.e., not a process group, learn a skill, practice skill through role plays, complete practice assignments)	
	SST CONTENT FORMAT	dialog element				SST CONTENT GENERL FORMAT			The general format of Social Skills Training Group was discussed (i.e., homework review, skill introduction, role plays, feedback, homework)	
	SST CONTENT EXPECTATIONS	dialog element				SST CONTENT EXPECTAIONS			The expectations of the Social Skills Training Group were discussed (Note: If closed group, may discuss group expectations at first group session.)	

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
	SST CONTENT GOALS	dialog element				SST CONTENT GOALS			Goals related to Social Skills Training were identified	
	SST CONTENT HANDOUT	dialog element				SST CONTENT HANDOUT			A handout with facilitator names, contact info, and group setting info was provided (time, room, etc.)	
	SST CONTENT OTHER	dialog element				SST CONTENT OTHER			Other:{FLD:BLANK WORD PROCESSING}\\\	
110	SST SHORT LONG GOALS	dialog group			2				GOALS	
	SST GOALS SHORT	dialog element				SST GOALS SHORT			Veteran identified the following two short-term goals for treatment to be achieved within the next 6 months:{FLD:BLANK WORD PROCESSING}\\\	
	SST GOALS LONG	dialog element				SST GOALS LONG			Veteran identified the following two long-term goals for treatment to be achieved within the next year:{FLD:BLANK WORD PROCESSING}\\\	
120	SST DEGREE OF COLLABORATION	dialog group			2				DEGREE OF COLLABORATION: The degree of collaboration between the Veteran and the group facilitator in the current session was-	
	SST COLLABORATION LOW	dialog element				SST COLLABORATION LOW			Low	
	SST COLLABORATION MEDIUM	dialog element				SST COLLABORATION MEDIUM			Medium	
	SST COLLABORATION HIGH	dialog element				SST COLLABORATION HIGH			High	
130	SST OVERALL COLLABORATION	dialog element				SST OVERALL COLLABORATION			OVERALL COLLABORATION:{FLD:BLANK WORD PROCESSING}	
140	SST ADDITIONAL WP	dialog element				SST ADDITIONAL SESSION INFO			ADDITIONAL SESSION INFORMATION: {FLD:BLANK WORD PROCESSING}\\\	

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
150	SST PLAN GP	dialog group			2				PLAN	
	SST NEXT APPT	dialog element				SST NEXT APPT			Next appt has or will be scheduled	
	PXRM COMMENT	prompt						Comment:		

2.6.6. CBT - Insomnia (CBT-I)

The Cognitive Behavioral Therapy for Insomnia (CBT-I) templates document the results of the evidence-based psychological technique used to treat individuals who have experienced insomnia and who are not able to recover without directed psychological intervention.

The clinician uses one of four available Dialog Reminder Templates from the *Cognitive Behavioral Therapy for Insomnia* Clinical Reminder Drawer.

The four templates available are:

1. ***CBT-I 1 - EVALUATION SESSION***
2. ***CBT-I 2 - INITIAL TREATMENT SESSION***
3. ***CBT-I 3 - MIDDLE TREATMENT SESSION***
4. ***CBT-I 4 - FINAL TREATMENT SESSIONS***

Health factors for this protocol were not available to be documented.

The tables below displays the high level template requirements with no additional content at this time. A text layout detailing the expected templates follow each table.

No screenshots are available at this time.

CBT-I 1 Evaluation Session - Template Overview

TABLE 30 - CBT-I 1 TEMPLATE OVERVIEW

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
	CBT-I Title	dialog element								
	CBT-I TIME SPENT WITH PATIENT IN SESSION	dialog element							TIME SPENT WITH PATIENT IN SESSION:	
	PXRM COMMENT	prompt								
	CBT-I SESSION NUMBER 1-2	dialog group	SESSION NUMBER						SESSION NUMER	
	CBT-I SESSION FORMAT	dialog group	SESSION FORMAT						SESSION FORMAT	
	CBT-I SESSION LOCATION	dialog group							SESSION LOCATION	
	CBT-I PRESENTING SLEEP COMPLAINT:	dialog group							PRESENTING SLEEP COMPLAINT: The patient describes trouble sleeping approximately [text box] times per week with the following type(s) of problem(s): [check boxes with ability to choose more than one]	
	CBT-I ASSESSMENT OF SLEEP PROBLEM	dialog group							ASSESSMENT OF SLEEP PROBLEM:	
	CBT-I EVIDENCE OF OTHER SLEEP DISORDERS:	dialog group							EVIDENCE OF OTHER SLEEP DISORDERS;	
	CTB-I UNHEALTHY SLEEP PRACTICES:	dialog group							UNHEALTHY SLEEP PRACTICES:	
	CBT-I MEDICAL COMORBIDITIES:	dialog group							MEDICAL COMORBIDITIES: [text box]	
	CBT-I PSYCHIATRIC COMORBIDITIES:	dialog group							PSYCHIATRIC COMORBIDITIES: [text box]	
	CBT-I OTHER RELEVANT ASSESSMENT INFORMATION:	dialog group							OTHER RELEVANT ASSESSMENT INFORMATION:	

	CBT-I CASE CONCEPTUALIZATION:	dialog group							CASE CONCEPTUALIZATION:	
	CBT-I DIAGNOSES:	dialog group							DIAGNOSES:	
	CBT- I TREATMENT GOAL(S):	dialog group							TREATMENT GOAL(S):	
	CBT-I SESSION CONTENT:	dialog group							SESSION CONTENT:	
	CBT-I FINAL SUMMARY AND FEEDBACK:	dialog group							FINAL SUMMARY AND FEEDBACK:	
	CBT-I PLAN:	dialog group							PLAN: [text box]	

CBT-I 1 Evaluation Session - Template Text

TIME SPENT WITH PATIENT IN SESSION: [minutes box]

SESSION NUMBER: [pick list 1-2]

SESSION FORMAT:

Face-to-face session
Telephone session
Video Telehealth session
Other: [optional text box]

SESSION LOCATION: [Drop Down Box:]

Community Living Center
Community Based Outpatient Clinic
Domiciliary
Inpatient Mental Health Unit
OEF/OIF Clinic
Mental Health Clinic
Mental Health Residential Rehabilitation and Treatment Program
MHICM
Patient Residence - Home Based Primary Care
Patient Residence - Other
PTSD Clinical Team
Primary Care
Substance Use Disorder Clinic
PRRC/Day Treatment
Other [Display only: Please specify: TEXT BOX]

PRESENTING SLEEP COMPLAINT:

The patient describes trouble sleeping approximately [text box] times per week with the following type(s) of problem(s): **[check boxes with ability to choose more than one]**

Difficulty initiating sleep
Difficulty maintaining sleep
Early morning awakening
Difficulties waking at intended time
Other: [optional text box]

ASSESSMENT OF SLEEP PROBLEM:

Insomnia Severity Index Score: [number box], which indicates a [mild][moderate][severe] level of insomnia.

Dysfunctional beliefs About Sleep (DBAS) score (if administered): [number box] which indicates [no][some][significant] dysfunctional beliefs.

Current Work Schedule: The patient's work/activity consists of [Display Only: describe type of work; if not working describe typical waking activities][text box]. The typical schedule in which this work/activity occurs is [text box].

Current Sleep Habits:

[Display Only: Focus on a typical week and when appropriate provide a range of times]

At the beginning of the sleep period: The patient reports that on a typical night [his/her] Pre-Bedtime Routine consists of [text box]. During the week Time to Bed is [text box]; time of lights out is [text box]; and average time to fall asleep is [text box]. These times [do][do not] vary on weekends/non-work days. [Display Only Box describe weekend times if applicable][optional text box].

With respect to pre sleep arousal, the patient endorses [display only: check at least one box]

rumination

worry

physical tension

fears

no evidence of pre-sleep arousal

other [optional text box].

When the patient cannot sleep [he/she] engages in the following behaviors:[text box] and has the following thoughts: [text box]

In the middle of the night: The patient reports that on average [he/she] wakes up approximately [number box] times after sleep onset. The time awake following these awakenings ranges from [number box] to [number box] minutes and in total the time awake in the middle of the night may range from [number box] to [number box] minutes. During these wake times the patient engages in the following behaviors:[text box] and has the following thoughts: [text box]

In the morning: Typically, the final wake time during the week is approximately [text box] and the patient gets out of bed at approximately [text box]. These times [do] [do not] vary on weekends. [Display Only Box describe weekend times if applicable][optional text box]. The patient [does] [does not] report waking earlier than intended unable to return to sleep. [Display only: If yes, than report approximately how much earlier than intended and how often] [Optional text box]. With respect to difficulty waking up at the intended rise time the patient describes [Display only; check all that apply]

pushing the snooze button multiple times

needing someone else to help wake [him/her]

being late to scheduled obligations

other [option text box]

no such behaviors or problems.

Napping: When the opportunity to nap presents itself, the patient typically [is] [is not] able to nap. [Display only if “is”: Naps usually last [text box] minutes approximately [text box] times per [week/month] and typically occur around [text box]].

Sleep environment: The patient reports the following environmental factors that may interfere with sleep [text box].

Daytime effects: The patient attributes the following daytime symptoms to [his/her] sleep problem [text box]:

History & Course of Sleep Problem: The patient reports that the sleep problem started approximately [display only: state when] [text box] in association with [no] [one or more] precipitating factors [Display only: If “one or more” describe] [optional text box]]. Since its onset, the severity of the problem has [not changed significantly] [gotten worse] [gotten better] [waxed and waned]. The patient reports [no] [a] family history of sleep disorders. [Display only: If history present, describe]: [optional text box].

Circadian tendencies: The circadian rhythm questionnaire and interview suggests that the patient is [choice box [a Morning type] [an Evening type] [neither a Morning nor an evening type]]. The patient

[choice box [does] [does not]] do night/ rotating shift work. The patient [choice box [does] [does not]] exhibit an irregular sleep schedule. [optional text box]

SLEEP MEDICATIONS/SLEEP AIDS: {NOTE: is there a way to have these headings below and below each one a text box—or can we steal a similar format from some other CPRS template}

Current Use

<u>Began Use</u>	<u>Dosage</u>	<u>Time Taken/PRN</u>	<u>Currently Using</u>	<u>helpful?</u>
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Prior Use

<u>Began Use</u>	<u>Dosage</u>	<u>Time Taken/PRN</u>	<u>Currently Using</u>	<u>helpful?</u>
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In addition, the patient reports that [he/she] [has][has not] attempted to discontinue sleep medications. [Display only: If discontinuation was attempted describe the outcome (e.g. no effect, rebound insomnia, etc.)][optional text box]. The patient [does][does not] describe features of psychological dependence on sleep medications. [Optional text box].

EVIDENCE OF OTHER SLEEP DISORDERS;

The patient was assessed for symptoms of other sleep disorders and the following symptoms were endorsed.

Obstructive Sleep Apnea (OSA) Symptoms:

- Snoring
- Gasping/ snorting
- Witnessed apnea
- Daytime sleepiness

STOP Questionnaire Score [text box]

RLS symptoms:

- leg jerks, twitches (witnessed)
- aching, tingling creeping
- moving for relief

RLS Questionnaire score if administered: [text box]

Parasomnia symptoms:

- Nightmares [optional text box [frequency] and [difficulty returning to sleep]]
- Sleepwalking or sleep terrors [optional text box [frequency]]
- Confusional arousals [optional text box [frequency]]
- Other unusual sleep behaviors

SUBSTANCES: The patient reports using the following amounts of substances:

- Caffeine [text box],
- nicotine [text box],
- Alcohol [text box],
- Recreational drugs [text box] [optional text box].

UNHEALTHY SLEEP PRACTICES:

Nocturnal eating: The patient [does] [does not] report eating a heavy meal close to bedtime. The patient [does] [does not] report eating when awakened in the middle of the night. [optional text box]

Timing of exercise: The patient reports exercising or vigorous physical activity close to bedtime including [Display only: describe type of activity, duration, frequency, and timing][text box].

Sleep environment: The patient reports the following environmental factors that may interfere with their sleep; [bed partner][children/childcare][pets][bed/bedding discomfort][sound][light][temperature][safety concerns]. [Display only: Provide detail if necessary] [optional text box].

MEDICAL COMORBIDITIES: [text box]

PSYCHIATRIC COMORBIDITIES: [text box]

OTHER MEDICATIONS: {NOTE: ditto the note above re; medications}

Reason prescribed
dosage
duration

OTHER RELEVANT ASSESSMENT INFORMATION:

Mental Status Exam (MSE): [NOTE: please insert MSE template from existing VA templates]

[Display Only: Please note any other relevant mental status factors, any indications of SI/HI if not included in MSE, and reactions to session content. Also include cultural, spiritual influences that may be relevant].[text box]

[Display Only: Complete local suicide/safety assessment note template if appropriate].
[optional text box].

CASE CONCEPTUALIZATION:

Based on the patient presentation the stated problem is most consistent with [text box] as evidenced by [text box]. The patient [choice box [is][is not]] a good candidate for cognitive behavioral therapy for insomnia (CBT-I); the patient [is][is not] receptive to this treatment at present.

DIAGNOSES:

Axis I: [text box]
Axis II: [text box]
Axis III: [text box]
Axis IV: [text box]
Axis V: [text box]

TREATMENT GOAL(S):

The patients initially stated a goal with respect to sleep of [text box]. Together we established the following specific goal(s) for treatment: [text box]

SESSION CONTENT:

(Display only: Check all that apply.)

Provided a **Brief Description** of CBT-I .

Provided information about the **Efficacy of CBT-I**

Established initial treatment goals

Reviewed the **Length** (~6 sessions) and **Frequency** (weekly or biweekly) of treatment

Described how **Homework** will be assigned and discussed each session)

Provided instructions on how to fill out the **Sleep Diary** and confirmed that the patient understood how to fill it out.

Inquired about patient's understanding of the homework assignment (filling out the **Sleep Diary**) and its rationale.

Referred patient to a sleep specialist for [evaluation] [treatment] of [text box]
Provided patient with a blank **Sleep Diary** and written instructions for filling it out.
[optional text box]

FINAL SUMMARY AND FEEDBACK:

[Display Only: Describe the patients general response to the evaluation, to the treatment goals and to the initial treatment plan and any concerns expressed] [required text box]

[Display Only: Additional information about session content and behavioral observations, including information about level of engagement/readiness.] [text box]

PLAN: [text box]

Date and Time of Next session [optional calendar box] [optional text box]

CBT-I Initial Treatment Session - Template Overview

TABLE 31 - CBT-I 2 TEMPLATE OVERVIEW

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
	CBT-I 2 Title	dialog element								
	CBT-I TIME SPENT WITH PATIENT IN SESSION:	dialog element							TIME SPENT WITH PATIENT IN SESSION: [minutes box]	
	CBT-I SESSION NUMBER:	dialog group							SESSION NUMBER: [Display only Note: Evaluation session is counted as session 1]	
	CBT-I SESSION FORMAT:	dialog group							SESSION FORMAT:	
	CBT-I SESSION LOCATION:	dialog group							SESSION LOCATION: [Drop Down Box:]	
	CBT-I DIAGNOSES:	dialog group							DIAGNOSES:	
	CBT-I ASSESSMENT:	dialog group							ASSESSMENT:	
	CBT-I OTHER RELEVANT ASSESSMENT INFORMATION:	dialog group							OTHER RELEVANT ASSESSMENT INFORMATION:	
	CBT-I SESSION CONTENT:	dialog group							SESSION CONTENT:	
	CBT-I ADDITIONAL SESSION INFORMATION:	dialog group							ADDITIONAL SESSION INFORMATION:	
	CBT-I HOMEWORK:	dialog group							HOMEWORK:	
	CBT-I Plan:	dialog group							Plan: [opt text box]	

CBT-I Initial Treatment Session - Template Text

TIME SPENT WITH PATIENT IN SESSION: [minutes box]

SESSION NUMBER: [Display only Note: Evaluation session is counted as session 1]
[number box 2-3]

SESSION FORMAT:

Face-to-face session
Telephone session
Video Telehealth session
Other: [optional text box]

SESSION LOCATION: [Drop Down Box:]

Community Living Center
Community Based Outpatient Clinic
Domiciliary
Inpatient Mental Health Unit
OEF/OIF Clinic
Mental Health Clinic
Mental Health Residential Rehabilitation and Treatment Program
MHICM
Patient Residence - Home Based Primary Care
Patient Residence - Other
PTSD Clinical Team
Primary Care
Substance Use Disorder Clinic
PRRC/Day Treatment
Other [Display only: Please specify: TEXT BOX]

DIAGNOSES:

Primary Diagnosis (focus of treatment): [required text box]
Secondary Diagnoses, if applicable: [optional text box]

ASSESSMENT:

Mental Status Exam (MSE): [LINK TO MSE or MSE template from other VA templates]

Insomnia Severity Index Score: [number box], which indicates a [mild][moderate][severe] level of insomnia and [a reduction][an increase][no change] in self-reported insomnia severity since last session.

The patient [did][did] not complete a sleep diary.

Sleep Diary variables averages for past [text] week(s):

Bedtime: [text box]
Rise time: [text box]
Sleep Latency (SL): [text box] minutes
Wake after Sleep Onset (WASO): [text box] minutes
Number of Awakenings (NOA): [text box] times per night
Total Sleep Time (TST): [text box] minutes
Time in Bed (TIB): [text box] minutes
Sleep Efficiency % (SE%): [text box] %

[Display Only: Please enter name of any additional assessment measures and description of results here]
[OPT Text Box].

The patient reports [no][some] changes in the use of sleep medications or sleep aids. [Display only; Describe changes and any effects if present][optional text box].

OTHER RELEVANT ASSESSMENT INFORMATION:

Mental Status Exam (MSE): [NOTE: please insert MSE template from existing VA templates]

[Display Only: Please note any other relevant mental status factors, any indications of SI/HI if not included in MSE, cultural, spiritual influences that may be relevant, any noted substance use (if applicable), and relevant reactions to session content]. [text box]

[Display Only: Complete local suicide/safety assessment note template if appropriate].
[optional text box].

The patients level of adherence since the last session was [low][medium][high]. The degree of collaboration between the patient and the therapist in the current session was [low][medium][high].

SESSION CONTENT:

Patient completed this initial session of CBT for insomnia [Display Only: check if completed and provide explanation for items with text boxes]. The following occurred during the session:

Reviewed Sleep Diary and their scoring and addressed any problems filling out the sleep diary
Administered the Insomnia Severity Index

Provided psychoeducation on sleep processes and insomnia

Introduced and provided rationale for stimulus control therapy

Introduced and provided rationale for sleep restriction therapy

Established a prescribed bedtime and rise time in collaboration with the patient as follows: [text box]

Gave the patient the handout: “Guide to Overcoming Your Insomnia”

Discussed methods for calming the mind (i.e. Guideline 6 & 7) [text box]

Discussed sleep hygiene rules and the following specific recommendations applicable to the patient:

avoid napping

turn the clock around

limit caffeine use [optional text box]

limit alcohol use [optional text box]

limit tobacco use [optional text box]

exercise regularly

keep bedroom quiet, dark & cool

avoid heavy meals close to bedtime

☐ Gave the patient the following supplemental handout(s):

“Questions & Answers about ‘the Rules’ ”

“Things that may get in the Way of Following ‘the Rules’ ”

“Staying Awake Until Your Scheduled Bedtime”

“things to do While You are Awake”

“Enjoying Your Morning”

☐ Confirmed that patient understood how to implement stimulus control

☐ Confirmed that patient understood how to implement sleep restriction

- ☐ Assessed if there were any barriers to implementation of therapy.
- ☐ Addressed identified barriers [text box]
- ☐ Gave the patient a blank sleep diary(ies)
- ☐ Referred patient to a sleep specialist for [evaluation] [treatment] of [text box]
- ☐ Other [optional text box]

ADDITIONAL SESSION INFORMATION:

(Display Only: Additional information about session content and/or behavioral observations, including information about what the patient learned and level of engagement.) (text box)

HOMEWORK:

Patient is to complete the following practice items in between sessions: (Display only: Check all that apply)

- Fill out Sleep Diary
- Read “Guide to overcoming Your Insomnia”
- Follow recommended bedtimes and rise times
- Follow stimulus control instructions and other relevant guidelines
- Other

Plan: [opt text box]

Next appointment date: [opt text box]

Time: [opt Calendar Box]

CBT-I Middle Treatment Session - Template Overview

TABLE 32 - CBT-I 3 TEMPLATE OVERVIEW

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
	CBT-I 3 Title	dialog element								
	CBT-I TIME SPENT WITH PATIENT IN SESSION:	dialog element							TIME SPENT WITH PATIENT IN SESSION: [minutes box]	
	CBT-I SESSION NUMBER:	dialog group							SESSION NUMBER: [Display only Note: Evaluation session is counted as session 1]	
	CBT-I SESSION FORMAT:	dialog group							SESSION FORMAT:	
	CBT-I SESSION LOCATION:	dialog group							SESSION LOCATION: [Drop Down Box:]	
	CBT-I DIAGNOSES:	dialog group							DIAGNOSES:	
	CBT-I ASSESSMENT:	dialog group							ASSESSMENT:	
	CBT-I OTHER RELEVANT ASSESSMENT INFORMATION:	dialog group							OTHER RELEVANT ASSESSMENT INFORMATION:	
	CBT-I SESSION CONTENT:	dialog group							SESSION CONTENT:	
	CBT-I ADDITIONAL SESSION INFORMATION:	dialog group							ADDITIONAL SESSION INFORMATION:	
	CBT-I HOMEWORK:	dialog group							HOMEWORK:	
	CBT-I PLAN:	dialog group							Plan: [opt text box]	

CBT-I Middle Treatment Session - Template Text

TIME SPENT WITH PATIENT IN SESSION: [minutes box]

SESSION NUMBER: [Display only Note: Evaluation session is counted as session 1]
[text box]

SESSION FORMAT:

Face-to-face session
Telephone session
Video Telehealth session
Other: [optional text box]

SESSION LOCATION: [Drop Down Box:]

Community Living Center
Community Based Outpatient Clinic
Domiciliary
Inpatient Mental Health Unit
OEF/OIF Clinic
Mental Health Clinic
Mental Health Residential Rehabilitation and Treatment Program
MHICM
Patient Residence - Home Based Primary Care
Patient Residence - Other
PTSD Clinical Team
Primary Care
Substance Use Disorder Clinic
PRRC/Day Treatment
Other [Display only: Please specify: TEXT BOX]

DIAGNOSES:

Primary Diagnosis (focus of treatment): [required text box]
Secondary Diagnoses, if applicable: [optional text box]

ASSESSMENT:

Mental Status Exam (MSE): [LINK TO MSE or MSE template from other VA templates]

Insomnia Severity Index Score: [number box], which indicates a [mild][moderate][severe] level of insomnia and [a reduction][an increase][no change] in self-reported insomnia severity since last session. The patient [did][did] not complete a sleep diary.

Sleep Diary variables averages for past [text] week(s):

Prescribed Bedtime: [text box] Actual Bedtime: [text box]
Prescribed Rise time: [text box] Actual Rise time: [text box]
Sleep Latency (SL): [text box] minutes
Wake after Sleep Onset (WASO): [text box] minutes
Number of Awakenings (NOA): [text box] times per night
Total Sleep Time (TST): [text box] minutes

Time in Bed (TIB): [text box] minutes

Sleep Efficiency % (SE%): [text box] %

These sleep diary values represent [an][no] improvement from the last sleep diary values reported. In particular [Display only: note any important findings from the diaries and whether the changes are consistent with this phase of treatment].

The patient [did][did not] adhere to the prescribed bedtimes and rise times. [Display only: If problems with adherence, please describe][Optional text box].

Sleep Need Questionnaire results: [number box], which indicates a [mild (≤ 9)][moderate (9-12)][severe (≥ 13)] level of unmet sleep need. [Display only: If this was previously administered comment on relative change since last administration][optional text box].

[Display Only: Please enter name of any additional assessment measures and description of results here]
[Optional Text Box].

The patient reports [no][some] changes in the use of sleep medications or sleep aids. [Display only: Describe changes and any effects if present][Optional Text Box].

The patient reports that [he/she] made the following additional changes to [his/her] Sleep Routine and/or Sleep Environment [text box].

The patient [did][did not] adhere to other recommendations given at the prior session. [Display only: If problems with adherence, please describe][Optional text box]

OTHER RELEVANT ASSESSMENT INFORMATION:

Mental Status Exam (MSE): [NOTE: please insert MSE template from existing VA templates]

[Display Only: Please note any other relevant mental status factors, any indications of SI/HI if not included in MSE, cultural, spiritual influences that may be relevant, any noted substance use (if applicable), and relevant reactions to session content].[text box]

[Display Only: Complete local suicide/safety assessment note template if appropriate].
[optional text box].

The patients overall level of adherence since the last session was [low][medium][high]. [Display only: If adherence varied among recommendations please describe further][optional text box]. The degree of collaboration between the patient and the therapist in the current session was [low][medium][high].

SESSION CONTENT:

Patient completed this [session number] session of CBT for insomnia. [Display Only: check if completed and provide explanation for items with text boxes]. The following occurred during the session:

Administered the Insomnia Severity Index

Administered the Sleep Need Questionnaire

Reviewed Sleep Diary and their scoring and addressed any problems filling out the sleep diary

Discussed adherence to therapy and its relationship to treatment progress

Problem solved issues/barriers to implementing treatment to date [text box]

Adjusted prescribed bedtime and rise time based in collaboration with the patient as follows: [text box] based on [Display only: Check all that apply] [Sleep Diary data][the Sleep Need Questionnaire][patient input][other][optional text box] . The time in bed window for next week is [text box]

Introduced, provided rationale for, and demonstrated relaxation training as follows [text box]

Reviewed progress with relaxation training and problem-solved any barriers

Introduced, provided rationale for, and demonstrated cognitive therapy to address the following cognitions [text box]

Gave the patient the handout “Changing your Thinking About Sleep”

Reviewed progress with Cognitive therapy and problem-solved any barriers

Gave the patient the following supplemental handout(s):

“Other Reasons for feeling Tired”

“Questions & Answers about ‘the Rules’ ”

“Things that may get in the Way of Following ‘the Rules’ ”

“Staying Awake until Your Scheduled Bedtime”

“Things to do while You are Awake”

“Enjoying Your Morning”

Assessed if there were any additional barriers to implementation of therapy.

Addressed identified barriers [text box]

Gave the patient a blank sleep diary(ies)

Referred patient to a sleep specialist for [evaluation] [treatment] of [text box]

Other [optional text box]

ADDITIONAL SESSION INFORMATION:

(Display Only: Additional information about session content and/or behavioral observations, including information about what the patient learned and level of engagement.) [text box]

HOMEWORK:

Patient is to complete the following practice items in between sessions: [Display only: Check all that apply]

Fill out Sleep Diary

Follow recommended bedtimes and rise times

Follow stimulus control instructions and other relevant guidelines

Practice relaxation for [text box] minutes [text box] times per week

Fill out “Changing your Thinking About Sleep” handout

Other

Plan: [opt text box]

Next appointment date: [opt text box]

Time: [opt Calendar Box]

CBT-I Final Treatment Session - Template Overview

TABLE 33 - CBT-I 4 TEMPLATE OVERVIEW

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
	CBT-I 4 Title	dialog element								
	CBT-I TIME SPENT WITH PATIENT IN SESSION:	dialog element							TIME SPENT WITH PATIENT IN SESSION: [minutes box]	
	CBT-I SESSION NUMBER:	dialog group							SESSION NUMBER: [Display only Note: Evaluation session is counted as session 1]	
	CBT-I SESSION FORMAT:	dialog group							SESSION FORMAT:	
	CBT-I SESSION LOCATION:	dialog group							SESSION LOCATION: [Drop Down Box:]	
	CBT-I DIAGNOSES:	dialog group							DIAGNOSES:	
	CBT-I ASSESSMENT:	dialog group							ASSESSMENT:	
	CBT-I OTHER RELEVANT ASSESSMENT INFORMATION:	dialog group							OTHER RELEVANT ASSESSMENT INFORMATION:	
	CBT-I SESSION CONTENT:	dialog group							SESSION CONTENT:	
	CBT-I REVIEW OF PROGRESS DURING TREATMENT :	dialog group							REVIEW OF PROGRESS DURING TREATMENT :	
	CBT-I PLAN:	dialog group							PLAN: (Display Only: Check all that apply.)	

CBT-I Final Treatment Session - Template Text

TIME SPENT WITH PATIENT IN SESSION: [minutes box]

SESSION NUMBER: [Display only Note: Evaluation session is counted as session 1]
[text box]

SESSION FORMAT:

Face-to-face session
Telephone session
Video Telehealth session
Other: [optional text box]

SESSION LOCATION: [Drop Down Box:]

Community Living Center
Community Based Outpatient Clinic
Domiciliary
Inpatient Mental Health Unit
OEF/OIF Clinic
Mental Health Clinic
Mental Health Residential Rehabilitation and Treatment Program
MHICM
Patient Residence - Home Based Primary Care
Patient Residence - Other
PTSD Clinical Team
Primary Care
Substance Use Disorder Clinic
PRRC/Day Treatment
Other [Display only: Please specify: TEXT BOX]

DIAGNOSES:

Primary Diagnosis (focus of treatment): [required text box]
Secondary Diagnoses, if applicable: [optional text box]

ASSESSMENT:

Mental Status Exam (MSE): [LINK TO MSE or MSE template from other VA templates]

Insomnia Severity Index Score: [number box], which indicates a [mild][moderate][severe] level of insomnia and [a reduction][an increase][no change] in self-reported insomnia severity since last session. The patient [did][did] not complete a sleep diary.

Sleep Diary variables averages for past [text] week(s):

Prescribed Bedtime: [text box] Actual Bedtime: [text box]
Prescribed Rise time: [text box] Actual Rise time: [text box]
Sleep Latency (SL): [text box] minutes
Wake after Sleep Onset (WASO): [text box] minutes
Number of Awakenings (NOA): [text box] times per night

Total Sleep Time (TST): [text box] minutes

Time in Bed (TIB): [text box] minutes

Sleep Efficiency % (SE%): [text box] %

These sleep diary values represent [an][no] improvement from the last sleep diary values reported. In particular [Display only: note any important findings from the diaries and whether the changes are consistent with this phase of treatment][text box].

The patient [did][did not] adhere to the prescribed bedtimes and rise times. [Display only: If problems with adherence, please describe][Optional text box].

Sleep Needs Questionnaire results: [number box], which indicates a [mild (≤ 9)][moderate (9-12)][severe (≥ 13)] level of unmet sleep need. [Display only: If this was previously administered comment on relative change since last administration][optional text box].

[Display Only: Please enter name of any additional assessment measures and description of results here]
[Optional Text Box].

The patient reports [no][some] changes in the use of sleep medications or sleep aids. [Display only: Describe changes and any effects if present][Optional Text Box].

The patient reports that [he/she] made the following additional changes to [his/her] Sleep Routine and/or Sleep Environment [text box].

The patient [did][did not] adhere to other recommendations given at the prior session. [Display only: If problems with adherence, please describe][Optional text box].

OTHER RELEVANT ASSESSMENT INFORMATION:

Mental Status Exam (MSE): [NOTE: please insert MSE template from existing VA templates]

[Display Only: Please note any other relevant mental status factors, any indications of SI/HI if not included in MSE, cultural, spiritual influences that may be relevant, any noted substance use (if applicable), and relevant reactions to session content].[text box]

[Display Only: Complete local suicide/safety assessment note template if appropriate].
[optional text box].

The patients level of adherence since the last session was [low][medium][high]. The degree of collaboration between the patient and the therapist in the current session was [low][medium][high].

SESSION CONTENT:

Patient completed this final session of CBT for insomnia. [Display Only: check if completed and provide explanation for items with text boxes]. The following occurred during the session:

Administered the Insomnia Severity Index

Administered the Sleep Needs Questionnaire

Reviewed Sleep Diary

Discussed ongoing adherence to therapy and its relationship to treatment progress

Problem solved any remaining issues/barriers to implementing treatment on their own [text box]

Adjusted prescribed bedtime and rise time based in collaboration with the patient as follows: [text box] based on [Display only check all that apply: [Sleep Diary data][the Sleep Need Questionnaire][patient input][other[optional text box]]

Reviewed progress with Relaxation Training and problem-solved any barriers

Reviewed progress with Cognitive Therapy and problem-solved any barriers

Developed a Continuing Care Plan and a Relapse Prevention Plan

Gave the patient the handout “Action Plan for Addressing Insomnia in the Future”

Gave the patient the following supplemental handout(s):

“Other Reasons for feeling Tired”

“Questions & Answers about ‘the Rules’ ”

“Things that may get in the Way of Following ‘the Rules’ ”

“Staying Awake until Your Scheduled Bedtime”

“Things to do while You are Awake”

“Enjoying Your Morning”

☐ Gave the patient a blank sleep diary(ies)

☐ Referred patient to a sleep specialist for [evaluation] [treatment] of [text box]

☐ Other [optional text box]

ADDITIONAL SESSION INFORMATION:

(Display Only: Additional information about session content and/or behavioral observations, including information about what the patient learned and level of engagement.) (text box)

REVIEW OF PROGRESS DURING TREATMENT :

(Display Only: Please describe the patient’s progress in relation to treatment goals and overall)

Including the evaluation session, the patient completed [text box] sessions of CBT for insomnia.

The stated treatment goal of [text box] [was][was not] achieved.

The patient had a reduction in [his/her] self-reported insomnia severity from [text box] at the evaluation session to [text box] at this final session.

Compared to initial sleep diary values, the patient has achieved [an increase][a decrease] in Sleep Latency of [text box] minutes,

[an increase][a decrease] in Wake After Sleep Onset of [text box] minutes,

[an increase][a decrease] in Number of Awakenings of [text box] times per night,

[an increase][a decrease] in Total Sleep Time of [text box] minutes,

[an increase][a decrease] in Sleep Efficiency of [text box] %.

Overall the patient reports that their sleep is [text box]. The impact of therapy on the patient’s functioning includes [Text Box]

PLAN: (Display Only: Check all that apply.)

Treatment Completed

(Display Only: Describe the reason for the termination of treatment.)

[required text box]

Booster Session(s) (Display Only: Describe the reason for booster sessions and if the sessions were scheduled or will be scheduled in the future.)

patient will call to schedule

Booster session scheduled for [opt text box] Time: [opt Calendar Box]

Referred for Further Evaluation and/or Treatment and/or other Services [Display Only: Describe the referral and the reason for the referral.]

[text box]

Continuing Self Care: [text box]

Patient is to complete the following: (Display only: Check all that apply)

Follow relevant guidelines for continuing care plan

Other

☐ Patient agreed with the above plan. [Display Only: Provide any additional information about plan] [opt text box]

2.6.7. Behavioral Family Therapy (BFT)

The Behavioral Family Therapy (BFT) templates document the results of the family-based skills-building intervention in veterans with chronic combat-related posttraumatic stress disorder (PTSD).

The clinician uses one of five available Dialog Reminder Templates from the *Behavioral Family Therapy* Clinical Reminder Drawer.

The five templates available are:

1. ***BFT 1 - ORIENTATION SESSION***
2. ***BFT 2 -EDUCATION SESSION***
3. ***BFT 3 - PROBLEM SOLVING SESSION***
4. ***BFT 4 - COMMUNICATION SESSIONS***
5. ***BFT 5 - FINAL SESSION***

Health factors for this protocol were not available to be documented.

The tables below display the high level template requirements with no additional content at this time. A text layout detailing the expected templates follow each table.

No screenshots are available at this time.

BFT - Orientation Session - Template Overview

TABLE 34 - BFT 1 TEMPLATE OVERVIEW

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
	BFT 1 Title	dialog element								
	BFT TIME (in minutes) SPENT IN SESSION	dialog element							TIME (in minutes) SPENT IN SESSION: [text box]	
	BFT SESSION NUMBER	dialog group							SESSION NUMBER: (display Only: Checkbox: [pick list 1-3]	
	BFT SESSION FORMAT	dialog group							SESSION FORMAT: Family Psychoeducation	
	BFT SESSION LOCATION	dialog group							SESSION LOCATION: [Drop Down Box:]	
	BFT DIAGNOSIS	dialog group							DIAGNOSIS	
	BFT ASSESSMENT	dialog group							ASSESSMENT: DISPLAY ONLY: Please note any relevant mental status factors, any indications of SI/HI, and reactions to session content. Also include cultural, spiritual influences that may be relevant and any noted substance us (if applicable) [TEXT BOX] Complete local suicide note template if appropriate.	
	BFT PARTICIPANTS IN SESSION	dialog group							PARTICIPANTS IN SESSION: (DISPLAY ONLY List reactions of others to Veteran (e.g., partner, father, friend, etc)	
	BFT SESSION CONTENT	dialog group							SESSION CONTENT:	
	BFT DEGREE OF COLLABORATION	dialog group							DEGREE OF COLLABORATION:	
	BFT ADDITIONAL SESSION INFORMATION	dialog group							ADDITIONAL SESSION INFORMATION:	
	BFT PLAN	dialog group							PLAN: [op text box]	

BFT - Orientation Session - Template text

Time (in minutes) spent in session:_____

SESSION NUMBER: (Display Only: Check box: [pick list 1-3]

SESSION FORMAT: Family Psychoeducation

Face-to-face session

Telephone session

Video Telehealth session

Other: (text box)

SESSION LOCATION: [Drop Down Box:]

Community Living Center

Community Based Outpatient Clinic

Domiciliary

Inpatient Mental Health Unit

OEF/OIF Clinic

Mental Health Clinic

Mental Health Residential Rehabilitation and Treatment Program

Patient Residence - Home Based Primary Care

Patient Residence - Other

PTSD Clinical Team

Primary Care

Substance Use Disorder Clinic

PRRC/Day Treatment

Other [Display only: Please specify: TEXT BOX]

DIAGNOSIS:

Primary diagnosis (focus of treatment) (*text box*)

Secondary diagnosis (if applicable) (*opt text Box*)

ASSESSMENT: DISPLAY ONLY: Please note any relevant mental status factors, any indications of SI/HI, and reactions to session content. Also include cultural, spiritual influences that may be relevant and any noted substance use (if applicable) [TEXT BOX] Complete local suicide note template if appropriate.

PARTICIPANTS IN SESSION: (*DISPLAY ONLY: List relation of others to Veteran (e.g. partner, father, friend, etc)*)

SESSION CONTENT:

Introductory Review (Display Only: Check all that apply)

The clinician outlined the agenda.

The clinician introduced rationale for assessment

The clinician conducted (*DISPLAY ONLY: Choose all that apply*)

The Individual Family Interview Summary Sheet

The Individual Life History Interview

The Couples Relationship Interview

The clinician introduced the idea of setting a behavioral goal for the treatment and discussed possible goals (*DISPLAY ONLY: List possible goals for follow-up*)

Prior to the next session, the clinician asked participant to (*DISPLAY ONLY: Check all that apply*)

Read “Orientation to Goal Setting”

Think about individual goals

Other (*DISPLAY ONLY: Please describe*)

Necessary handouts and materials were provided to the participant(s).

Anticipated Problems:

(*DISPLAY ONLY: Choose one*)

☐ The participant(s) do(es) not anticipate any difficulties in completing the out-of-session assignment.

☐ The clinician problem-solved the following anticipated difficulties in completing the out-of-session assignment. (*text box DISPLAY ONLY: Please describe any issues that required attention and how these were handled*)

Potential issues for later problem-solving include (*text box DISPLAY ONLY: List any issues raised between or during the session that might be used in subsequent skills training*)

DEGREE OF COLLABORATION:

The degree of collaboration between the patient and the therapist in the current session was:

Check box: ____ Low ____ Medium _____ High

[Display Only: Please describe the degree of collaboration. If a therapeutic alliance measure was given, please report results here. TEXT BOX]

ADDITIONAL SESSION INFORMATION:

(Display Only: Additional information about session content and behavioral observations, including information about what the patient learned and level of engagement.) (text box)

☐ Plan for any missed components: (*Text box—DISPLAY ONLY: Please describe plans for covering any intervention components which were planned but not covered during the session*)

PLAN: [opt text box]

Date and time of next session (opt text box) (opt Calendar Box)

BFT - Education Session - Template Overview

TABLE 35 - BFT 2 TEMPLATE OVERVIEW

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
	BFT 2 Title	dialog element								
	BFT TIME (in minutes) SPENT IN SESSION	dialog element							TIME (in minutes) SPENT IN SESSION: [text box]	
	BFT SESSION NUMBER	dialog group							SESSION NUMBER: (display Only; Checkbox: [pick list 3-10])	
	BFT SESSION FORMAT	dialog group							SESSION FORMAT: Family Psychoeducation	
	BFT SESSION LOCATION	dialog group							SESSION LOCATION: [Drop Down Box:]	
	BFT DIAGNOSIS	dialog group							DIAGNOSIS	
	BFT ASSESSMENT	dialog group							ASSESSMENT:	
	BFT PARTICIPANTS IN SESSION	dialog group							PARTICIPANTS IN SESSION: <i>(DISPLAY ONLY List reactions of others to Veteran (e.g., partner, father, friend, etc))</i>	
	BFT SESSION CONTENT	dialog group							SESSION CONTENT:	
	BFT DEGREE OF COLLABORATION	dialog group							DEGREE OF COLLABORATION:	
	BFT ADDITIONAL SESSION INFORMATION	dialog group							ADDITIONAL SESSION INFORMATION:	
	BFT PLAN	dialog group							PLAN: [op text box]	

BFT - Education Session - Template Text

Time (in minutes) spent in session:_____

SESSION NUMBER: (Display Only: Check box: [pick list 3-10]

SESSION FORMAT: Family Psychoeducation

Face-to-face session

Telephone session

Video Telehealth session

Other: (text box)

SESSION LOCATION: [Drop Down Box:]

Community Living Center

Community Based Outpatient Clinic

Domiciliary

Inpatient Mental Health Unit

OEF/OIF Clinic

Mental Health Clinic

Mental Health Residential Rehabilitation and Treatment Program

Patient Residence - Home Based Primary Care

Patient Residence - Other

PTSD Clinical Team

Primary Care

Substance Use Disorder Clinic

PRRC/Day Treatment

Other [Display only: Please specify: TEXT BOX]

DIAGNOSIS:

Primary (focus of treatment).*(text box)*

Secondary diagnosis (if applicable) *(opt text Box)*

ASSESSMENT:

The clinician reviewed progress on individual goals. *(Text box DISPLAY ONLY: Describe progress on goals)*

DISPLAY ONLY: Please note any relevant mental status factors, any indications of SI/HI, and reactions to session content. Also include cultural, spiritual influences that may be relevant and any noted substance use (if applicable) [TEXT BOX] Complete local suicide note template if appropriate.

PARTICIPANTS IN SESSION: *(DISPLAY ONLY: list relation of others to Veteran (e.g. partner, father, friend, etc)*

SESSION CONTENT:

Introductory Review (Display Only: Check all that apply)

The clinician outlined the agenda

The clinician checked for crises/urgent issues and handled as necessary. (*Text box DISPLAY ONLY: Please describe any issues that required attention and how these were handled*)

The clinician reviewed the out-of-session assignments from prior session. The out-of-session assignments were completed (drop down box). (Optional text box)

Fully

Partially

Not at all

Not assigned

The clinician problem-solved out-of-session obstacles as necessary. (*Text box DISPLAY ONLY: Please describe any problem-solving around out-of-session assignments*)

The clinician reviewed the family meeting. A family meeting was drop down box

held

not held

not assigned

The clinician problem-solved obstacles to family meeting as necessary (*Text box DISPLAY ONLY: Please describe any problem-solving around family meetings*)

Specific Content Area:

The clinician introduced the topic for the session. The topic was (*DISPLAY ONLY: Check all that apply*)

Facts about Schizophrenia

Facts about Schizoaffective Disorder

Facts about Bipolar Disorder

Facts about Major Depression

Facts about Post-Traumatic Stress Disorder

Facts about Obsessive Compulsive Disorder

Facts about Alcohol and Drug Use in Persons with a Psychiatric Disorder

Facts about Antipsychotic Medications

Facts about Antidepressant Medications

Facts about Mood-Stabilizers

Facts about Anti-anxiety and Sedative Medications

Stress-Vulnerability Model Psychiatric Disorders

Caregiver's Guide to Helping a Relative who has a Serious Psychiatric Illness

Other (text box *DISPLAY ONLY: Describe* _____)

The clinician and family reviewed material by (text box *DISPLAY ONLY: Describe techniques and procedures used in teaching*)

The clinician checked with each participant for comprehension by (text box *DISPLAY ONLY: Describe techniques and procedures used to assure participant comprehension*)

At the end of session, the clinician gave specific positive feedback to each participant for their efforts in session.

Practice Assignment:

The clinician asked the family to (*DISPLAY ONLY: check all that apply*)

review the handout

have a family meeting

work on goals

other (text box *DISPLAY ONLY: Please describe*)

prior to next session. The family was provided with materials for review.

Anticipated Problems:

(*DISPLAY ONLY: Choose one*)

☐ The family does not anticipate any difficulties in completing the out-of-session assignment.

☐ The clinician problem-solved the following anticipated difficulties in completing the out-of-session assignment. (text box *DISPLAY ONLY: Please describe any issues that required attention and how these were handled*)

Potential issues for later problem-solving include (text box *DISPLAY ONLY: List any issues raised between or during the session that might be used in subsequent skills training*)

DEGREE OF COLLABORATION:

The degree of collaboration between the patient and the therapist in the current session was:

Check box: ____Low ____Medium ____High

[Display Only: Please describe the degree of collaboration. If a therapeutic alliance measure was given, please report results here. TEXT BOX]

ADDITIONAL SESSION INFORMATION:

(Display Only: Additional information about session content and behavioral observations, including information about what the patient learned and level of engagement.) (text box)

☐ Plan for any missed components: (Text box—*DISPLAY ONLY: Please describe plans for covering any intervention components which were planned but not covered during the session*)

PLAN: [opt text box]

Date and time of next session (opt text box) (opt Calendar Box)

BFT - Problem-Solving Session - Template Overview

TABLE 36 - BFT 3 TEMPLATE OVERVIEW

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
	BFT 3 Title	dialog element								
	BFT TIME (in minutes) SPENT IN SESSION	dialog element							TIME (in minutes) SPENT IN SESSION: [text box]	
	BFT SESSION NUMBER	dialog group							SESSION NUMBER: (display Only: Checkbox: [pick list 10-19]	
	BFT SESSION FORMAT	dialog group							SESSION FORMAT: Family Psychoeducation	
	BFT SESSION LOCATION	dialog group							SESSION LOCATION: [Drop Down Box:]	
	BFT DIAGNOSIS	dialog group							DIAGNOSIS	
	BFT ASSESSMENT	dialog group							ASSESSMENT:	
	BFT PARTICIPANTS IN SESSION	dialog group							PARTICIPANTS IN SESSION: (DISPLAY ONLY List reactions of others to Veteran (e.g., partner, father, friend, etc)	
	BFT SESSION CONTENT	dialog group							SESSION CONTENT:	
	BFT DEGREE OF COLLABORATION	dialog group							DEGREE OF COLLABORATION:	
	BFT ADDITIONAL SESSION INFORMATION	dialog group							ADDITIONAL SESSION INFORMATION:	
	BFT PLAN	dialog group							PLAN: [op text box]	

BFT - Problem-Solving Session - Template Text

Time (in minutes) spent in session:_____

SESSION NUMBER: (Display Only: Check box: [pick list 10-19]

SESSION FORMAT: Family Psychoeducation

Face-to-face session

Telephone session

Video Telehealth session

Other: (text box)

SESSION LOCATION: [Drop Down Box:]

Community Living Center

Community Based Outpatient Clinic

Domiciliary

Inpatient Mental Health Unit

OEF/OIF Clinic

Mental Health Clinic

Mental Health Residential Rehabilitation and Treatment Program

Patient Residence - Home Based Primary Care

Patient Residence - Other

PTSD Clinical Team

Primary Care

Substance Use Disorder Clinic

PRRC/Day Treatment

Other [Display only: Please specify: TEXT BOX]

DIAGNOSIS:

Primary (focus of treatment).*(text box)*

Secondary diagnosis (if applicable) *(opt text Box)*

ASSESSMENT:

The clinician reviewed progress on individual goals. *(Text box DISPLAY ONLY: Describe progress on goals)*

DISPLAY ONLY: Please note any relevant mental status factors, any indications of SI/HI, and reactions to session content. Also include cultural, spiritual influences that may be relevant and any noted substance use (if applicable) [TEXT BOX] Complete local suicide note template if appropriate.

PARTICIPANTS IN SESSION: *(DISPLAY ONLY: List relation of others to Veteran (e.g. partner, father, friend, etc)*

SESSION CONTENT:

Introductory Review (Display Only: Check all that apply)

The clinician outlined the agenda.

The clinician checked for crises/urgent issues and handled as necessary. *(Text box: DISPLAY ONLY: Please describe any issues that required attention and how these were handled)*

The clinician reviewed the out-of-session assignments from the prior session. The out-of-session assignments were completed *(drop down box)*

Fully

Partially

Not at all

The clinician problem-solved out-of-session obstacles as necessary. *(Text box: DISPLAY ONLY: Please describe any problem-solving around out-of-session assignments)*

The clinician reviewed family meeting. A family meeting was *drop down box*

held

not held

The clinician problem-solved obstacles to family meetings as necessary. *(Text box: DISPLAY ONLY: Please describe any problem-solving around family meetings)*

Specific Content Area: (Display Only: Check all that apply)

The clinician introduced problem-solving.

The rationale for systematic problem-solving was presented and discussed with the family.

The steps of problem-solving were reviewed with the family.

The clinician assisted the family in problem-solving a specific problem

[drop down box] The clinician/A family member was the chair of the problem-solving exercise. (text box DISPLAY ONLY: Please provide definition of problem used).

The following steps of problem-solving were covered in the session: *(DISPLAY ONLY: More than one can be checked)*

Definition of problem

Brainstorming solutions

Evaluating solutions

Choosing the best solution(s)

Planning the implementation of the solution

At end of session, the clinician gave specific positive feedback to each participant for efforts in session.

Clinician oriented participants to timeframe and plans for termination as appropriate.

Practice Assignments:

Prior to the next session, the clinician asked family to: (*DISPLAY ONLY: Check all that apply*)

Read “Structured Problem-solving and Goal Attainment”

Complete specific steps of problem-solving

Have a family meeting

Work on individual goals

Other (*Text box DISPLAY ONLY: Please describe*)

Necessary handouts and materials were provided to the family.

Anticipated Problems:

(*DISPLAY ONLY: Choose one*)

☐ The family does not anticipate any difficulties in completing the out-of-session assignment.

☐ The clinician problem-solved the following anticipated difficulties in completing the out-of-session assignment. (*text box DISPLAY ONLY: Please describe any issues that required attention and how these were handled*)

Potential issues for later problem-solving include (*text box DISPLAY ONLY—list any issues raised between or during the session that might be used in subsequent skills training*)

DEGREE OF COLLABORATION:

The degree of collaboration between the patient and the therapist in the current session was:

Check box: ____ Low ____ Medium ____ High

[Display Only: Please describe the degree of collaboration. If a therapeutic alliance measure was given, please report results here. TEXT BOX]

ADDITIONAL SESSION INFORMATION:

(Display Only: Additional information about session content and behavioral observations, including information about what the patient learned and level of engagement.) (text box)

☐ Plan for any missed components: (*Text box—DISPLAY ONLY: Please describe plans for covering any intervention components which were planned but not covered during the session*)

PLAN: [opt text box]

Date and time of next session (opt text box) (*opt Calendar Box*)

BFT - Communication Session - Template Overview

TABLE 37 - BFT 4 TEMPLATE OVERVIEW

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
	BFT 4 Title	dialog element								
	BFT TIME (in minutes) SPENT IN SESSION	dialog element							TIME (in minutes) SPENT IN SESSION: [text box]	
	BFT SESSION NUMBER	dialog group							SESSION NUMBER: (display Only; Checkbox: [pick list 6-15]	
	BFT SESSION FORMAT	dialog group							SESSION FORMAT: Family Psychoeducation	
	BFT SESSION LOCATION	dialog group							SESSION LOCATION: [Drop Down Box:]	
	BFT DIAGNOSIS	dialog group							DIAGNOSIS	
	BFT ASSESSMENT	dialog group							ASSESSMENT:	
	BFT PARTICIPANTS IN SESSION	dialog group							PARTICIPANTS IN SESSION: (<i>DISPLAY ONLY List reactions of others to Veteran (e.g., partner, father, friend, etc)</i>	
	BFT SESSION CONTENT	dialog group							SESSION CONTENT:	
	BFT DEGREE OF COLLABORATION	dialog group							DEGREE OF COLLABORATION:	
	BFT ADDITIONAL SESSION INFORMATION	dialog group							ADDITIONAL SESSION INFORMATION:	
	BFT PLAN	dialog group							PLAN: [op text box]	

BFT - Communication Session - Template Text

Time (in minutes) spent in session:_____

SESSION NUMBER: (Display Only: Check box: [pick list 6-15]

SESSION FORMAT: Family Psychoeducation

Face-to-face session

Telephone session

Video Telehealth session

Other: (text box)

SESSION LOCATION: [Drop Down Box:]

Community Living Center

Community Based Outpatient Clinic

Domiciliary

Inpatient Mental Health Unit

OEF/OIF Clinic

Mental Health Clinic

Mental Health Residential Rehabilitation and Treatment Program

Patient Residence - Home Based Primary Care

Patient Residence - Other

PTSD Clinical Team

Primary Care

Substance Use Disorder Clinic

PRRC/Day Treatment

Other [Display only: Please specify: TEXT BOX]

DIAGNOSIS:

Primary (focus of treatment).*(text box)*

Secondary diagnosis (if applicable) *(text Box)*

ASSESSMENT:

The clinician reviewed progress on individual goals. *(Text box DISPLAY ONLY: Describe progress on goals)*

DISPLAY ONLY: Please note any relevant mental status factors, any indications of SI/HI, and reactions to session content. Also include cultural, spiritual influences that may be relevant and any noted substance use (if applicable) [TEXT BOX] Complete local suicide note template if appropriate.

PARTICIPANTS IN SESSION: *(DISPLAY ONLY: List relation of others to Veteran (e.g. partner, father, friend, etc)*

SESSION CONTENT:

Introductory Review: (Display Only: Check all that apply)

The clinician outlined the agenda.

The clinician checked for crises/urgent issues and handled as necessary. *(Text box DISPLAY ONLY Please describe any issues that required attention and how these were handled)*

The clinician reviewed the out-of-session assignments from the prior session. The out-of-session assignments were completed *(drop down box)*

Fully

Partially

Not at all

Not assigned

The clinician problem-solved out-of-session obstacles as necessary. *(Text box DISPLAY ONLY Please describe any problem-solving around out-of-session assignments)*

The clinician reviewed family meeting assignment. A family meeting was *drop down box*

held

not held

The clinician problem-solved obstacles to family meetings as necessary *(Text box DISPLAY ONLY Please describe any problem-solving around family meetings)*

Specific Content Area:

The clinician introduced the topic for the session. The skills(s) covered included (DISPLAY ONLY: *check topics covered insert from list below*)

Introduction to Communication Skills

Active Listening

Expressing Positive Feelings

Making Positive Requests

Expressing Unpleasant Feelings

Requesting a Time-Out

Compromise and Negotiation

Other (Text box DISPLAY ONLY: Please describe)

The rationale for the skills was presented and discussed with the family.

The clinician demonstrated the skills being used in the session.

Each participant practiced the skill in at least *(drop down)* role-play(s)

One

Two

Three

Each participant received specific positive and constructive feedback for each role play (opt text box).

At end of session, the clinician gave specific positive feedback to each participant for efforts in session.

Practice Assignments:

Prior to the next session, the clinician asked the family to (*text box DISPLAY ONLY: check all that apply*)

Read “keys to good communication”

Family Active Listening Homework

Expressing Positive Feelings Homework

Making a Positive Request Homework

Expressing Negative Feelings Homework

Compromise and Negotiation Homework

Requesting a Time-Out Homework

Have a family meeting

Work on individual goals

Other (Text box DISPLAY ONLY: Please describe)

Necessary handouts and materials were provided to the family.

Anticipated Problems:

(*DISPLAY ONLY: Choose one*)

☐The family does not anticipate any difficulties in completing the out-of-session assignment.

☐The clinician problem-solved the following anticipated difficulties in completing the out-of-session assignment. (*text box DISPLAY ONLY: Please describe any issues that required attention and how these were handled*)

Potential issues for later problem-solving include (*text box DISPLAY ONLY: list any issues raised between or during the session that might be used in subsequent skills training*)

DEGREE OF COLLABORATION:

The degree of collaboration between the patient and the therapist in the current session was:

Check box: ____Low ____Medium _____ High

[Display Only: Please describe the degree of collaboration. If a therapeutic alliance measure was given, please report results here. TEXT BOX]

ADDITIONAL SESSION INFORMATION:

(Display Only: Additional information about session content and behavioral observations, including information about what the patient learned and level of engagement.) (text box)

☐ Plan for any missed components: *(Text box—DISPLAY ONLY: Please describe plans for covering any intervention components which were planned but not covered during the session)*

PLAN: [opt text box]

Date and time of next session (*opt text box*)(*opt Calendar Box*)

BFT - Final Session - Template Overview

TABLE 38 - BFT 5 TEMPLATE OVERVIEW

SEQ	NAME	TYPE	CAPTION	BOX	NUMBER OF INDENTS	FINDING ITEM	EXCLUDE FROM PROGRESS NOTE	PROMPT CAPTION	DIALOG/PROGRESS NOTE TEXT	ALTERNATE PROGRESS NOTE TEXT
	BFT 5 Title	dialog element								
	BFT TIME (in minutes) SPENT IN SESSION	dialog element							TIME (in minutes) SPENT IN SESSION: [text box]	
	BFT SESSION NUMBER	dialog group							SESSION NUMBER: (display Only: Checkbox: [pick list 11-25]	
	BFT SESSION FORMAT	dialog group							SESSION FORMAT: Family Psychoeducation	
	BFT SESSION LOCATION	dialog group							SESSION LOCATION: [Drop Down Box:]	
	BFT DIAGNOSIS	dialog group							DIAGNOSIS	
	BFT ASSESSMENT	dialog group							ASSESSMENT:	
	BFT PARTICIPANTS IN SESSION	dialog group							PARTICIPANTS IN SESSION: <i>(DISPLAY ONLY List reactions of others to Veteran (e.g., partner, father, friend, etc)</i>	
	BFT SESSION CONTENT	dialog group							SESSION CONTENT:	
	BFT DEGREE OF COLLABORATION	dialog group							DEGREE OF COLLABORATION:	
	BFT ADDITIONAL SESSION INFORMATION	dialog group							ADDITIONAL SESSION INFORMATION:	
	BFT REVIEW OF PROGRESS TOWARD TREATMENT GOALS:	dialog group							REVIEW OF PROGRESS TOWARD TREATMENT GOALS:	
	BFT PLAN	dialog group							PLAN: [op text box]	

BFT - Final Session - Template Text

Time (in minutes) spent in session:_____

SESSION NUMBER: (Display Only: Check box: [pick list 11-25]

SESSION FORMAT: Family Psychoeducation

Face-to-face session

Telephone session

Video Telehealth session

Other: (text box)

SESSION LOCATION: [Drop Down Box:]

Community Living Center

Community Based Outpatient Clinic

Domiciliary

Inpatient Mental Health Unit

OEF/OIF Clinic

Mental Health Clinic

Mental Health Residential Rehabilitation and Treatment Program

Patient Residence - Home Based Primary Care

Patient Residence - Other

PTSD Clinical Team

Primary Care

Substance Use Disorder Clinic

PRRC/Day Treatment

Other [Display only: Please specify: TEXT BOX]

DIAGNOSIS:

Primary (focus of treatment).(*text box*)

Secondary diagnosis (if applicable) (*opt text Box*)

ASSESSMENT:

The clinician reviewed progress on individual goals. (Text box DISPLAY ONLY: Describe progress on goals)

DISPLAY ONLY: Please note any relevant mental status factors, any indications of SI/HI, and reactions to session content. Also include cultural, spiritual influences that may be relevant and any noted substance use (if applicable) [TEXT BOX] Complete local suicide note template if appropriate.

PARTICIPANTS IN SESSION: (*DISPLAY ONLY: List relation of others to Veteran (e.g. partner, father, friend, etc)*)

SESSION CONTENT:

Introductory Review (Display Only: Check all that apply)

The clinician outlined the agenda.

The clinician checked for crises/urgent issues and handled as necessary. (*Text box: DISPLAY ONLY: Please describe any issues that required attention and how these were handled*)

The clinician reviewed the out-of-session assignments from the prior session. The out-of-session assignments were completed (*drop down box*)

Fully

Partially

Not at all

The clinician problem-solved out-of-session obstacles as necessary. (*Text box: DISPLAY ONLY: Please describe any problem-solving around out-of-session assignments*)

The clinician reviewed family meeting. A family meeting was *drop down box*

held

not held

The clinician problem-solved obstacles to family meetings as necessary. (*Text box: DISPLAY ONLY: Please describe any problem-solving around family meetings*)

The clinician oriented participants to timeframe and plans for termination as appropriate.

DEGREE OF COLLABORATION:

The degree of collaboration between the patient and the therapist in the current session was:

Check box: ____Low ____Medium _____ High

(Display Only: Please describe the degree of collaboration. If a therapeutic alliance measure was given, please report results here. [TEXT BOX])

ADDITIONAL SESSION INFORMATION:

(Display Only: Additional information about session content and behavioral observations, including information about what the patient learned and level of engagement.[text box])

REVIEW OF PROGRESS TOWARD TREATMENT GOALS:

(Display Only: Please describe the participants' progress in treatment overall and in relation to treatment goals as a prelude to termination [TEXT BOX]).

(Display Only: The impact of therapy on the patient's functioning [opt TEXT BOX]).

PLAN: (Display Only: Check all that apply.)

TREATMENT COMPLETED

(Display Only: Describe the reason for the termination of treatment.)
(required text box)

BOOSTER SESSIONS

(Display Only: Describe the reason for booster sessions and if the sessions were scheduled or will be scheduled in the future.)
(required text box)

SCHEDULED POST ASSESSMENT SESSION

(Display Only: Describe the reason for additional assessment sessions.)
(required text box)

REFERRED FOR FURTHER EVALUATION, TREATMENT OR OTHER SERVICES

(Display Only: Describe the referral and the reason for the referral.)
(required text box)

DATE AND TIME OF NEXT SESSION

(opt calendar box)
(optional text box)

☐ Clinician reviewed recommended discharge planning and/or referrals with the Veteran and other participants.

☐ Patient agreed with the above plan. [Display Only: Provide any additional information about plan] [opt text box]

2.7. Graphical User Interface (GUI) Specifications

Computerized Patient Record System (CPRS) software manages / incorporates order entry and other functionality in a Graphical User Interface (GUI) format. Clinical reminders (and clinical reminder templates) display on the primary screen of the CPRS software.

2.8. Multi-Divisional Specifications

The dialog templates follow all requirements for CPRS.

2.9. Performance Specifications

No functionality will be lost with the implementation of the dialog templates.

2.10. Quality Attributes Specifications

Because these templates are for national distribution, the patch name will be prefixed by 'VA-' rather than PXR (Clinical Reminder) or YS (Mental Health).

2.11. Reliability Specifications

Implementation and effectiveness of the therapy protocols can be tracked 100% of the time.

2.12. Scope of Integration

The templates will be made available as a patch to the templates folder on CPRS.

No external system interface requirements have been identified.

2.13. Security Specifications

The Clinical Reminder Dialog Templates shall comply with patient privacy requirements and rights dictated by final Health Insurance Portability and Accountability Act (HIPAA) regulations as they have been interpreted by VHA and General Counsel and the Privacy Act.

The Clinical Reminder Dialog Templates shall adhere to all CPRS requirements.

The Clinical Reminder Dialog Templates shall reside within the CPRS environment at each facility with no external access and by using only VA authorized computers and software.

2.14. System Features

The Clinical Reminder Dialog Templates shall reside within the CPRS environment. No new features have being developed. This request is to develop template content only.

2.15. Usability Specifications

The reminders dialog templates would be distributed nationally to ensure availability to all clinicians engaging in the supported therapy protocol.

Necessary training on the use of the templates would be developed and disseminated by the Mental Health Program Office as applicable.

3. Applicable Standards

All template standards have been documented in the appropriate subsections in section 2.6 'Functional Specifications' within this RSD. No additional legal, regulatory or industry standards are applicable other than those identified for CPRS and Clinical Reminder Standards.

4. Interfaces

The Clinical Reminder Dialog Templates interface through the existing interfaces outlined for the Clinical Reminders. No additional internal or external interfaces have been identified or required.

4.1. Communications Interfaces

The Clinical Reminder Dialog Templates communication interface is through the existing Clinical Reminders and CPRS. No additional communication requirements are necessary.

4.2. Hardware Interfaces

The Clinical Reminder Dialog Templates are accessed through the VA computers at a facility. There is no hardware interfaces other than those supplied in support CPRS.

The Clinical Reminder Dialog Templates support of the existing hardware interfaces used by CPRS.

4.3. Software Interfaces

The Clinical Reminder Dialog Templates require no additional software or interfaces. They are built from existing applications supported.

The Clinical Reminder Dialog Templates are content only development.

4.4. User Interfaces

The Clinical Reminder Dialog Templates shall be managed through existing Clinical Reminder User interface requirements.

5. Legal, Copyright, and Other Notices

Sites were instructed through Directive 2008-084 to standardize nationally components of clinical reminders through a National Clinical Reminders Committee to ensure that clinicians are accountable for using the clinical reminder system to document identified components of care.

6. Purchased Components

There are no purchased components and no external system interface requirements have been identified.

7. User Class Characteristics

The intended user of the Clinical Reminder Dialog Templates shall be the facility staff and all OMHS department personnel. The Clinical Reminder Dialog Templates shall be made available to all clinicians engaged in the supported therapy protocols.

8. Estimation

Not applicable for this project scope.

	Function Point Estimate		
	Service Line 1	Service Line 2	Total
Current FP Size			
Estimated Additional Scope Growth			
Estimated Size at Release			
Expected Delivery Rate			
Expected Effort Minimum			
Expected Effort Maximum			
Expected Duration Minimum			
Expected Duration Maximum			

9. Function Point Analysis Results Table

Not applicable for this project scope.

Project Software Functional Size and Size-based Effort and Duration Estimate						
	Application					
Item	A	B	C	D	E	Total
Counted Function Points						
Estimated Scope Growth						
Estimated Size At Release						
Size-based Effort Estimates					Labor Hours	Probability
Low Effort estimate – with indicated probability, project will consume no more than:						
High Effort estimate -- with indicated probability, project will consume no more than:						
Size-based Duration Estimates					Work Days	Probability
Low Duration estimate – with indicated probability, project will consume no more than:						
High Duration estimate -- with indicated probability, project will consume no more than:						

[Insert Cumulative Probability (“S-curve”) Charts here]

10. Attachment A - Approval Signatures

This section is used to document the approval of the Requirements Specification Document. The Chair of the governing Integrated Project Team (IPT), Business Sponsor, IT Program Manager, and the Project Manager are required to sign. Please annotate signature blocks accordingly.

REVIEW DATE: *<date>*

SCRIBE: *<name>*

Signed:	Date:
<i>< Integrated Project Team (IPT) Chair></i>	

Signed:	Date:
<i><Business Sponsor></i>	

Signed:	Date:
<i><IT Program Manager></i>	

Signed:	Date:
<i><Project Manager></i>	

11. Introduction to Appendices

The following appendices show screenshot results of what occurs when an element is selected. Selecting module elements are either via a checkbox or radio button, when selected, an element will result in revealing additional elements, PXR comment textboxes or word processing textboxes. The following is the list of Appendices included:

- Appendix A - Prolonged Exposure Individual Therapy
- Appendix B - Cognitive Processing Therapy
- Appendix C - Cognitive Behavioral Therapy
- Appendix D - Acceptance and Commitment Therapy
- Appendix E - Social Skills Training
- Appendix F - Cognitive Behavioral Therapy for Insomnia
- Appendix G - Behavioral Family Therapy

Note: There are no screenshots at this time for Appendix F and G. These protocol templates are under development at time of release of this RSD.

12. Appendix A: PEI Screenshots

This appendix will show all of the screenshots associated with Prolonged Exposure Individual Therapy.

12.1. PEI 1 Initial Session

The clinician has identified this session as the first (session 1) and that it will take 44 minutes.

FIGURE 1 - PEI 1 SCREENSHOT #1

Session 1 **PE1** **COHERENCY #7**

PROLOGUE: EXPOSURE (INDIVIDUAL): INITIAL SESSION

☒ **TIME IN SESSION** (in minutes)

Session Number:

☒ Session Number: 1

☐ Session Number: 2

SESSION FORMAT: Pericardial Exposure Therapy Individual

Session Format:

☒ Face-to-Face Session

☐ Telephone Session

☐ Telehealth Session

☐ Other

SESSION LOCATION

Primary (Focus of treatment) or Secondary (if applicable)

STANDARD

☐ Primary Diagnostic:

☐ Secondary Diagnostic:

ASSESSMENT

Date	Instrument	Raw	Trans Scale
08/22/2014 14:00	SC PTSD	2	Total
08/20/2014 08:12	PTSC	24	Total

Health/Status: PE1 1 ADD'L SSN INFO: PE1 1 CONTENT: SESSION: PE1 1 PROLOGUE EXPOSURE IND INITIAL, PE1 SESSION FACE TO FACE, PE1 SESSION NUMBER 1

Session Report End

FIGURE 2 - PEI 1 SCREENSHOT #2

Screening/Doing Snapshot: PEI (Info)

PEI-1	PEI-2	Total
06/04/2011 00:18	PC 100	100
06/04/2011 00:12	PC 34	Total
06/04/2011 00:12	PC 51	Total

☐ Check here to place notes in note.

PEI-1

Perform PC 100

001 - 11

Perform PC 100

☐ ACUTE INFORMATION: Please note any indication of SEIZURE and any other relevant risk information and complete local suicide note template if appropriate

☐ MENTAL STATUS/BEHAVIORAL OBSERVATION: Please note any relevant mental status factors and/or behavioral observations

☐ OTHER RELEVANT INFORMATION: Please note any additional structured or clinical assessment information relevant to this session (e.g., cultural/spiritual influences, substance use, etc.)

SESSION COMMENT:

Add Info Finish Cancel

Health Focus: PEI 1 ADD'L SSN INFO PEI 1 CONTENT SESSION PEI 1 PROLONGED EXPOSURE AND INITIAL PEI SESSION FACE TO FACE PEI SESSION NUMBER 1

Edison v. Richard Field

FIGURE 3 - PEI 1 SCREENSHOT #3

Reminder Dialog Template: PEI Initial

SESSION CONTENT:

Patient completed session 1 of the Prolonged Exposure therapy protocol. (Place a check next to the items completed during the session and provide explanation for items with text boxes).

The following occurred during the session:

- ☒ Facilitated a good therapeutic relationship. The following elements helped establish a collaborative, positive working relationship with patient:
- ☒ Provided psychoeducation and introduced PE treatment for PTSD to patient, including:
 - ☐ Providing information about PE as a treatment option. The following information regarding PE was given:
 - ☐ Discussing patient's readiness to engage in treatment.
 - ☐ Discussing and addressing patient's questions or concerns about treatment. Patient expressed the following concerns:
- ☐ Set treatment plan with set goals and objectives. Patient set the following goals for treatment:

Valid Info Fresh Cancel

END INITIAL PEI SESSION FACE TO FACE PEI SESSION NUMBER 1

*Indicates a Required Field

FIGURE 4 - PEI 1 SCREENSHOT #4

Reminder Dialog Template: PEI Initial

- ☐ Set treatment plan with set goals and objectives. Patient set the following goals for treatment:
- ☐ Presented treatment rationale, focusing on describing factors that maintain trauma-related fears and symptoms (i.e. avoidance and unhelpful thoughts and beliefs). Also, described key therapeutic elements of PE: imaginal and in vivo exposure procedures. Patient's response to rationale involved:
- ☐ Administered Trauma Interview
- ☐ Gave rationale for breathing retraining: teaching breathing retraining, and making a breathing retraining tape for patient.
- ☒ INDEX TRAUMA to be addressed in PE is related to:

☒ Combat Comment:

 - ☐ MCI
 - ☐ Other
- ☐ MOTIVATIONAL ENHANCEMENT
 - ☐ Identified short-term goals in several areas of functioning.
 - ☐ Identified the consequences or impact of PTSD (or other symptoms)
 - ☐ Identified the benefits of reducing the severity of the PTSD.
 - ☐ Assessed attitudes and expectations for therapy.
 - ☐ Assessed any barriers to attending therapy and assisted the patient in problem-solving these barriers.
- ☐ SOURCE OF COLLABORATION:

Valid Info Fresh Cancel

PEI 1 PROLONGED EXPOSURE END INITIAL PEI SESSION FACE TO FACE PEI SESSION NUMBER 1

*Indicates a Required Field

FIGURE 5 - PEI 1 SCREENSHOT #5

Reminder/Disag Template: PEI Initial

The degree of collaboration between the patient and the therapist in the current session was:

Comments:

☐ Low
☐ Medium
☐ High
 If therapeutic alliance measure was given, please report results here.

ADDITIONAL SESSION INFORMATION
 Additional information about session content and/or behavioral observations, including information about what the patient learned and level of engagement.

Comments:

☐ **HOMEWORK:**
 Patient is to complete the following practice items in between sessions:
☐ Practice breathing for 15 minutes, three times a day.
☐ Listen to audiotape of therapy session one time.
☐ Read "Rationale for Treatment" handout and note questions.
☐ Other:

☒ **PLAN:**
☒ Next session is scheduled or will be scheduled
 Next appointment date:
☐ Date and time of next session:
☐ Next Session/Next Appointment

Valid Info Finish Cancel

PEI 1 PLAN NEXT APPT, PEI 1 PROLONGED EXPOSURE IND INITIAL, PEI SESSION FACE TO FACE, PEI SESSION NUMBER 1

*Indicates a Required Field

12.2. PEI 2 Individual Sessions

This template covers the content for conducting sessions 2 or 3 and reveals previous assessment information.

FIGURE 6 - PEI 2 SCREENSHOT #1

Reminder/Disag Template: PEI 2-3

PROLONGED EXPOSURE INDIVIDUAL: SECOND SESSION

☒ **TIME IN SESSION** (in minutes):

Session Number:
☒ Session Number: 2
☐ Session Number: 3

SESSION FORMAT: Prolonged Exposure Therapy Individual
 Session Format:
☐ Face-to-Face Session
☐ Telephone Session
☐ Telehealth Session
☐ Other

☐ **SESSION LOCATION**
 Primary (focus of treatment) or Secondary (if applicable)
 DIAGNOSIS
☐ Primary Diagnosis:
☐ Secondary Diagnosis:

ASSESSMENT

Date	Instrument	Raw	Transform Scale
06/22/2011 10:09	PC PTSD	2	Total
06/04/2011 08:11	PCSC	54	Total

Valid Info Finish Cancel

Health Factors: PEI 1 ADD'L SSN INFO, PEI 2 PROLONGED EXPOSURE INDIVIDUAL 2

*Indicates a Required Field

FIGURE 7 - PEI 2 SCREENSHOT #2

Reminder Dialog Template: PEI 2-3

ASSESSMENT

Date	Instrument	Raw	Trans Score
08/22/2011 10:08	PC YTD	2	Total
08/04/2011 08:12	PCIC	34	Total
08/04/2011 08:12	PCLX	51	Total

☐ Check here to place scores in note.

PCL-C
Perform PCLC

DDT - II
Perform DDI2

☐ RISK INFORMATION: Please note any indication of FI/RE and any other relevant risk information and complete local suicide note template if appropriate

☐ MENTAL STATUS/BEHAVIORAL OBSERVATION: Please note any relevant mental status factors and/or behavioral observations

☐ OTHER RELEVANT OBSERVATION: Please note any additional structured or clinical assessment information relevant to this session (e.g., cultural/spiritual influences, substance use, etc.)

Valid Fresh Cancel

Health Factors: PEI 1 ADD'L SSN INFO, PEI 2 PROLONGED EXPOSURE INDIVIDUAL 2

*Indicates a Required Field

FIGURE 8 - PEI 2 SCREENSHOT #3

Reminder Dialog Template: PEI 2-3

☐ OTHER RELEVANT OBSERVATION: Please note any additional structured or clinical assessment information relevant to this session (e.g., cultural/spiritual influences, substance use, etc.)

Patient completed Session 2 of PE protocol. If you have broken session 2 up into 2 sessions, just indicate this and mark only those things you have done for this particular session.

The following occurred during the session: (Check if completed)

Session overview:

☒ Reviewed homework and gave feedback and praise/positive reinforcement. Patient completed the following homework assignments from last session (check all that apply):

☐ Breathing Retraining practice: _____ times

☐ Listening to session tape one time

☐ Reading "Rationale for Treatment" handout

☐ Other

☒ If homework was not completed, please indicate why, focusing on possible role of avoidance. Comments: _____

☒ Discussed Common Reactions to Trauma. Patient's response to Common Reactions discussion involved _____

☐ Review of homework and feedback and praise/positive reinforcement. Patient's response to Common Reactions discussion involved _____

Valid Fresh Cancel

Health Factors: PEI 1 ADD'L SSN INFO, PEI 2 CONTENT HWWRK, PEI 2 CONTENT HWWRK NOT DONE, PEI 2 CONTENT REACTIONS, PEI 2 PROLONGED EXPOSURE INDIVIDUAL 2

*Indicates a Required Field

FIGURE 9 - PEI 2 SCREENSHOT #4

Reminder Dialog Template: PEI 2.3

☒ If homework was not completed, please indicate why, focusing on possible role of avoidance. Comment:

☒ Discussed Common Reactions to Trauma. Patient's response to Common Reactions discussion involved

☒ Viewed education tape (e.g., PE DVD or detailed) and discussed with patient. Patient's response to viewing DVD discussion involved

☒ Presented rationale for in vivo exposure (including providing metaphor). Patient's response to in-vivo rationale involved

☒ Established SUDS scale, including anchor points.

☒ Developed in vivo hierarchy. The primary themes of patient's in-vivo hierarchy include

☐ DEGREE OF COLLABORATION:
The degree of collaboration between the patient and the therapist in the current session was:

Y/N Info Fresh Cancel

REACTIONS: PEI 2 CONTENT SUDS: PEI 2 CONTENT VIEWING DVD: PEI 2 PROLONGED EXPOSURE INDIVIDUAL 2

* Indicates a Required Field

FIGURE 10 - PEI 2 SCREENSHOT #5

Reminder Dialog Template: PEI 2.3

☐ DEGREE OF COLLABORATION:
The degree of collaboration between the patient and the therapist in the current session was:

☐ Low

☐ Medium

☐ High

☐ If therapeutic alliance measure was given, please report results here.

MOTIVATIONAL ASSESSMENT

☒ If therapist assessed motivation and/or applied motivational enhancement strategies please indicate and describe below:

Comment:

☒ Homework:

Patient is to complete the following practice items in between sessions:

☐ Read Common Reactions to Trauma Handout and share with an individual in support network

☐ Continue to practice breathing retraining

☐ Complete in-vivo exercises. Exercises for this week will address the following themes

☐ Listen to audiotape of entire session at least one time.

ADDITIONAL SESSION INFORMATION

Additional Information about session content and/or behavioral observations, including information about what the patient learned and level of engagement

Y/N Info Fresh Cancel

REACTIONS: PEI 2 CONTENT SUDS: PEI 2 CONTENT VIEWING DVD: PEI 2 HOMEWORK: PEI 2 HOMEWORK PRACTICE: PEI 2 PROLONGED EXPOSURE INDIVIDUAL 2: PEI 2 MOTIVATION ASSESSED

* Indicates a Required Field

FIGURE 11 - PEI 2 SCREENSHOT #6

Reminder Dialog Template: PEI 2-3

☒ If therapist assessed activation and/or applied activation enhancement strategies please indicate and describe below:
 Comment:

☒ Homework:

Patient is to complete the following practice items in between sessions:

- ☐ Read Common Reactions to Trauma Handout and share with an individual in support network
- ☐ Continue to practice breathing retraining
- ☐ Complete in-vivo exercises. Exercises for this week will address the following themes:

☐ Listen to audiotape of entire session at least one time.

ADDITIONAL THERAPIST INFORMATION
 Additional Information about session content and/or behavioral observations, including information about what the patient learned and level of engagement:
 Comment:

☒ PLAN:

- ☐ Next session is scheduled or will be scheduled
- ☒ Final Session-Early Termination
 - ☐ Early completion/episode resolved - Veterans and clinician agree that Veterans has achieved a clinically significant drop in symptoms related to the target diagnosis and that additional sessions are not needed at this time.
 - ☒ Progressed on/discontinued treatment. Please state reason:

Buttons:

REACTING PEI 2 CONTENT SUITS, PEI 2 CONTENT VIEWING DVD, PEI 2 HOMEWORK, PEI 2 HOMEWORK PRACTICE, PEI 2 PROLONGED EXPOSURE INDIVIDUAL 2, PEI 2 MOTIVATION ASSESSED
*Indicates a Required Field

12.3. PEI 3 Individual Sessions

The clinician uses this template to conduct therapy sessions 3 or 4.

FIGURE 12 - PEI 3 SCREENSHOT #1

Reminder Dialog Template: PEI 3-4

PROLONGED EXPOSURE INDIVIDUAL: THIRD SESSION

☒ TIME IN SESSION (in minutes):

Session Number:

- ☐ Session Number: 3
- ☒ Session Number: 4

SESSION FORMAT: Prolonged Exposure Therapy Individual

Session Format:

- ☒ Face-to-Face Session
- ☐ Telephone Session
- ☐ Telehealth Session
- ☐ Other

☒ **SESSION LOCATION**

- ☒ Community Living Center
- ☐ CBOC
- ☐ Outpatient
- ☐ Home Based Primary Care
- ☐ Inpatient Mental Health
- ☐ O&P Clinic
- ☐ Mental Health Clinic
- ☐ VA Residential Rehabilitation Treatment Program (RRT)
- ☐ PTSD Clinical Team

Buttons:

High Factor: PEI 1 ADDL SSN INFO, PEI 3 PROLONGED EXPOSURE INDIVIDUAL 3, PEI LOCATION CLC, PEI SESSION FACE TO FACE, PEI SESSION LOCATION, PEI SESSION NUMBER 4
*Indicates a Required Field

FIGURE 13 - PEI 3 SCREENSHOT #2

Reminder Dialog Template: PEI 3-4

☐ Mental Health Clinic
☐ MI Residential Rehabilitation Treatment Program (RTP)
☐ PTSD Clinical Team
☐ Primary Care
☐ Substance Use Disorder Clinic
☐ PTSD/Day Treatment
☐ Community/Non-VA Setting
☐ Other

Primary (focus of treatment) or Secondary (if applicable)

DIAGNOSIS

☐ Primary Diagnosis:
☐ Secondary Diagnosis:

ASSESSMENT

Date	Instrument	Raw	Trans	Scale
08/22/2011 10:00	PC PTSD	2		Total
08/04/2011 08:12	PCSL	34		Total
08/04/2011 08:12	PCSL	61		Total

☐ Check here to place scores in note.

PCSL-C
☐ Perform PCSL

BDI - II
☐ Perform BDI

☐ RISK INFORMATION: Please note any indication of SI/RI and any other relevant risk information and complete local suicide note template if appropriate

Validate Fresh Cancel

High Factor: PEI 1 ADD'L SSN INFO, PEI 3 PROLONGED EXPOSURE INDIVIDUAL 3, PEI LOCATION CLC, PEI SESSION FACE TO FACE, PEI SESSION LOCATION, PEI SESSION NUMBER 4
 *Indicates a Required Field

FIGURE 14 - PEI 3 SCREENSHOT #3

Reminder Dialog Template: PEI 3-4

☒ RISK INFORMATION: Please note any indication of SI/RI and any other relevant risk information and complete local suicide note template if appropriate

☐ MENTAL STATUS/BEHAVIORAL OBSERVATION: Please note any relevant mental status factors and/or behavioral observations

☐ OTHER RELEVANT OBSERVATION: Please note any additional structured or clinical assessment information relevant to this session (e.g., cultural/spiritual influences, substance use, etc.)

SESSION CONTENT:

The following occurred during the session:

☒ CHECK IF COMPLETED AND PROVIDE EXPLANATION FOR ITEMS WITH TEXT BOXES

Review of Homework:

☐ Reviewed homework and gave feedback and praise/positive reinforcement. Patient completed the following homework assignments from last session (check all that apply):
☐ If homework was not completed, please indicate why, focusing on possible role of avoidance

Validate Fresh Cancel

High Factor: PEI 1 ADD'L SSN INFO, PEI 3 PROLONGED EXPOSURE INDIVIDUAL 3, PEI LOCATION CLC, PEI SESSION FACE TO FACE, PEI SESSION LOCATION, PEI SESSION NUMBER 4
 *Indicates a Required Field

FIGURE 15 - PEI 3 SCREENSHOT #4

Reminder Dialog Template: PEI 3-4

CHECK IF COMPLETED AND PROVIDE EXPLANATION FOR ITEMS WITH TEXT BOXES

☒ Review of Homework:

☒ Reviewed homework and gave feedback and praise/positive reinforcement. Patient completed the following homework assignments from last session (check all that apply):

☐ Breathing Retraining practice: _____ times

☐ Listening to session tape one time.

☐ Reading "Common Reactions" handout.

☐ Sharing Common Reactions handout with someone in their support network.

☐ In-vivo homework exercises. If all in-vivo assignments were not completed, please indicate which assignments were completed and which were not.

☒ Other Comment: _____

☒ If homework was not completed, please indicate why, focusing on possible role of avoidance. Comment: _____

☒ Presented rationale for imaginal exposure, including metaphor. Patient's response to imaginal exposure rationale involved _____

☒ Provided clear instructions on how to do imaginal exposure.

☒ Completed first imaginal exposure, with _____ repetitions for approximately 60 minutes. Patient's response to imaginal exposure involved _____

☐ Processed imaginal exposure. Focus of processing, and patient's response involved _____

Ytd Info Fresh Cancel

CONTENT IMAGINAL PEI 3 CONTENT REACTIONS PEI 3 PROLONGED EXPOSURE INDIVIDUAL 3 PEI LOCATION CLC PEI SESSION FACE TO FACE PEI SESSION LOCATION PEI SESSION NUMBER 4
*Indicates a Required Field

FIGURE 16 - PEI 3 SCREENSHOT #5

Reminder Dialog Template: PEI 3-4

☒ Processed imaginal exposure. Focus of processing, and patient's response involved _____

☒ DEGREE OF COLLABORATION:
The degree of collaboration between the patient and the therapist in the current session was:

Comment: _____

☐ Low

☐ Medium

☐ High

☐ If therapeutic alliance measure was given, please report result here.

MOTIVATIONAL ASSESSMENT

☒ If therapist assessed motivation and/or applied motivational enhancement strategies please indicate and describe below:

Comment: _____

☒ Homework:

Patient is to complete the following practice items in between sessions:

☒ Complete in-vivo exercises. Exercises for this week will address the following themes:

Ytd Info Fresh Cancel

CONTENT IMAGINAL PEI 3 CONTENT PROCESS PEI 3 CONTENT REACTIONS PEI 3 HOMEWORK PEI 3 HOMEWORK PRACTICE PEI 3 HOMEWORK PRACTICE IN VIVO PEI 3 PROLONGED EXPOSURE INDIVIDUAL 3 PEI LOCATION CLC PEI MOTIVATION ASSESSED PEI SESSION FACE TO FACE PEI SESSION LOCATION PEI SESSION NUMBER 4
*Indicates a Required Field

FIGURE 17 - PEI 3 SCREENSHOT #6

Reminder Dialog Template: PEI 3-4

If therapist assessed motivation and/or applied motivational enhancement strategies please indicate and describe below:

Comments:

Homework:

Patient is to complete the following practice items in between sessions:

- ☒ Complete in-vivo exercises. Exercises for this week will address the following themes:
- ☒ Continue to practice breathing retraining
- ☐ Listen to audiotape of entire session at least one time.
- ☒ Listen to audiotape of imaginal exposure daily

ADDITIONAL SESSION INFORMATION

Additional Information about session content and/or behavioral observations, including information about what the patient learned and level of engagement:

Comments:

Status:

- ☐ Next session is scheduled or will be scheduled
- ☒ Final Session-Early Termination
 - ☐ Early completion/symptoms resolved - Patient and clinician agree that Patient has achieved a clinically significant drop in symptoms related to the target diagnosis and that additional sessions are not needed at this time.
 - ☐ Dropped out/discontinued treatment.

Update Finish Cancel

PEI 3 HOMEWORK PRACTICE IMAGINAL PEI 3 HOMEWORK PRACTICE IN VIVO PEI 3 PROLONGED EXPOSURE INDIVIDUAL 3 PEI LOCATION C.E. PEI MOTIVATION ASSESSED PEI SESSION FACE TO FACE PEI SESSION LOCATION PEI SESSION NUMBER 4

Indicates a Required Field

12.4. PEI 4 Imaginal Exposure Session

The clinician has selected this template to document Imaginal Exposure sessions.

FIGURE 18 - PEI 4 SCREENSHOT #1

Reminder Dialog Template: PEI Imaginal

PROLONGED EXPOSURE INDIVIDUAL: IMAGINAL EXPOSURE SESSION

TIME IN SESSION (in minutes): 55

Session Number

- ☐ Session Number: 3
- ☒ Session Number: 4
- ☐ Session Number: 5
- ☐ Session Number: 6
- ☐ Session Number: 7
- ☐ Session Number: 8
- ☐ Session Number: 9
- ☐ Session Number: 10
- ☐ Session Number: 11
- ☐ Session Number: 12
- ☐ Session Number: 13
- ☐ Session Number: 14
- ☐ Session Number: 15
- ☐ Session Number: 16
- ☐ Session Number: 17
- ☐ Session Number: 18
- ☐ Session Number: 19
- ☐ Session Number: 20

SESSION FORMAT: Prolonged Exposure Therapy Individual

Update Finish Cancel

Health Factor: PEI 1 ADD'L SSN INFO PEI 4 PROLONGED EXPOSURE IND IMAGINAL PEI SESSION NUMBER 4

Indicates a Required Field

FIGURE 19 - PEI 4 SCREENSHOT #2

Reminder Dialog Template: PEI Inpatient

SESSION FORMAT: Prolonged Exposure Therapy Individual

Session Format:

- ☐ Face-to-Face Session
- ☒ Telephone Session
- ☐ Telehealth Session
- ☐ Other

SESSION LOCATION

- ☐ Community Living Center
- ☐ CHOC
- ☐ Outpatient
- ☐ Home Based Primary Care
- ☒ Inpatient Mental Health
- ☐ USF/USF Clinic
- ☐ Mental Health Clinic
- ☐ MH Residential Rehabilitation Treatment Program (RTP)
- ☐ PTSD Clinical Team
- ☐ Primary Care
- ☐ Substance Use Disorder Clinic
- ☐ PBA/Day Treatment
- ☐ Community/Out-PA Setting
- ☐ Other

Primary (focus of treatment) or Secondary (if applicable)

DIAGNOSIS

- ☐ Primary Diagnosis:
- ☐ Secondary Diagnosis:

Buttons:

Health Factors: PEI 1 ADD'L SSN INFO, PEI 4 PROLONGED EXPOSURE IND IMAGINAL, PEI LOCATION INPT MH, PEI SESSION LOCATION, PEI SESSION NUMBER 4, PEI SESSION TELEPHONE

*Indicates a Required Field

FIGURE 20 - PEI 4 SCREENSHOT #3

Reminder Dialog Template: PEI Inpatient

DIAGNOSIS

- ☐ Primary Diagnosis:
- ☐ Secondary Diagnosis:

ASSESSMENT

Date	Instrument	Raw	Trans Scale
06/22/2011 10:09	PC PTSD	2	Total
06/04/2011 09:12	PCSI	24	Total
06/04/2011 09:12	PCIS	11	Total

☐ Check here to place scores in note.

PC-C

Perform PCIC

NOT - PE

Perform BDI

☒ RISK INFORMATION: Please note any indication of SI/RI and any other relevant risk information and complete final suicide note template if appropriate.

☒ MENTAL STATUS/BEHAVIORAL OBSERVATION: Please note any relevant mental status factors and/or behavioral observations.

☐ OTHER RELEVANT OBSERVATION: Please note any additional structured or clinical assessment information relevant to this session (e.g., cultural/religious influences, substance use, etc.).

Buttons:

Health Factors: PEI 1 ADD'L SSN INFO, PEI 4 PROLONGED EXPOSURE IND IMAGINAL, PEI LOCATION INPT MH, PEI SESSION LOCATION, PEI SESSION NUMBER 4, PEI SESSION TELEPHONE

*Indicates a Required Field

FIGURE 21 - PEI 4 SCREENSHOT #4

Reminder Dialog Template: PEI Imaginal

☐ OTHER RELEVANT OBSERVATION: Please note any additional structured or clinical assessment information relevant to this session (e.g., cultural/spiritual influences, substance use, etc.)

SESSION CONTENT:

The following occurred during the session:

CHECK IF COMPLETED AND PROVIDE EXPLANATION FOR ITEMS WITH TEXT BOXES

☒ Review of Homework

☒ Reviewed homework and gave feedback and praise/positive reinforcement. Patient completed the following homework assignments from last session (check all that apply):

☐ Breathing Retraining practice: _____ times

☐ Listening to session tape one time.

☐ Listening to imaginal session tape daily

☐ In-vivo homework exercises. (If all in-vivo assignments were not completed, please indicate which assignments were completed and which were not)

☐ Other _____

☐ If homework was not completed, please indicate why, focusing on possible role of avoidance

☒ Re-visited the traumatic experience through imaginal exposure for 40-45 minutes and making a separate recording. Patient completed _____ repetitions of the memory.

☐ Deferred back to rationale as needed

☐ Worked towards hot spots. Patient identified _____ number of hot spots

☐ _____

Validate Refresh Cancel

LOCATION PEI SESSION NUMBER 4 PEI SESSION TELEPHONE

*Indicates a Required Field

FIGURE 22 - PEI 4 SCREENSHOT #5

Reminder Dialog Template: PEI Imaginal

☒ Re-visited the traumatic experience through imaginal exposure for 40-45 minutes and making a separate recording. Patient completed _____ repetitions of the memory.

☐ Deferred back to rationale as needed

☐ Worked towards hot spots. Patient identified _____ number of hot spots

☒ Worked on hot spots Patient response: _____

☒ DEGREE OF COLLABORATION:

The degree of collaboration between the patient and the therapist in the current session was:

Comment: _____

☐ Low

☐ Medium

☐ High

☐ If therapeutic alliance measure was given, please report results here.

MOTIVATIONAL ASSESSMENT

☒ If therapist assessed motivation and/or applied motivational enhancement strategies please indicate and describe below:

Comment: _____

☒ Homework:

Patient is to complete the following practice items in between sessions:

☐ Complete in-vivo exercises. Exercises for this week will address the following themes

☐ Continue to practice breathing retraining

☐ Listen to audiotape of entire session at least one time.

Validate Refresh Cancel

HOMEWORK PEI 4 HOMEWORK PRACTICE PEI 4 PROLONGED EXPOSURE IND IMAGINAL PEI LOCATION INPT NH PEI MOTIVATION ASSESSED PEI SESSION LOCATION PEI SESSION NUMBER 4 PEI SESSION TELEPHONE

*Indicates a Required Field

FIGURE 23 - PEI 4 SCREENSHOT #6

Reminder Dialog Template: PEI 4 Imaginal

MOTIVATIONAL ASSESSMENT
 If therapist assessed motivation and/or applied motivational enhancement strategies please indicate and describe below:
 Comment: _____

☒ **Homework:**
 Patient is to complete the following practice items in between sessions:
☒ Complete in-vivo exercises. Exercises for this week will address the following themes:
☐ Continue to practice breathing retraining
☐ Listen to audiotape of entire session at least one time.
☐ Listen to audiotape of imaginal exposure daily

ADDITIONAL SESSION INFORMATION
 Additional Information about session content and/or behavioral observations, including information about what the patient learned and level of engagement:
 Comment: _____

☒ **PLAN:**
☐ Next session is scheduled or will be scheduled
☒ Final Session-Early Termination
☐ Early completion/symptoms remitted - Veteran and clinician agree that Veteran has achieved a clinically significant drop in symptoms related to the target diagnosis and thus additional sessions are not needed at this time.
☐ Dropped out/discontinued treatment.

Get Info Finish Cancel

Homework: PEI 4 HOMEWORK PRACTICE PEI 4 HOMEWORK PRACTICE IN VIVO PEI 4 PROLONGED EXPOSURE IND IMAGINAL PEI LOCATION INFO PEI MOTIVATION ASSESSED PEI SESSION LOCATION PEI SESSION NUMBER 4 PEI SESSION TELEPHONE
 *Indicates a Required Field

12.5. PEI 5 Final Sessions

The clinician can use this template to document the final sessions with the veteran.

FIGURE 24 - PEI 5 SCREENSHOT #1

Reminder Dialog Template: PEI 5 Final

PROLONGED EXPOSURE INDIVIDUAL: FINAL SESSION

☒ **TIME IN SESSION (in minutes)** 35

☒ **Session Number**
☐ Session Number: 7
☐ Session Number: 8
☐ Session Number: 9
☐ Session Number: 10
☐ Session Number: 11
☐ Session Number: 12
☐ Session Number: 13
☐ Session Number: 14
☐ Session Number: 15
☒ Session Number: 17
☐ Session Number: 16
☐ Session Number: 18
☐ Session Number: 19
☐ Session Number: 20

SESSION FORMAT: Prolonged Exposure Therapy Individual
 Session Format:
☒ Face-to-Face Session
☐ Telephone Session

Get Info Finish Cancel

Face-to-Face: PEI 5 ADD'L SSN INFO PEI 5 CONTENT SESSION PEI 5 PROLONGED EXPOSURE IND FINAL PEI SESSION FACE TO FACE PEI SESSION NUMBER 17
 *Indicates a Required Field

FIGURE 25 - PEI 5 SCREENSHOT #2

Session Form:

- ☒ Face-to-Face Session
- ☐ Telephone Session
- ☐ Telehealth Session
- ☐ Other

SESSION LOCATION

- ☐ Community Living Center
- ☐ CBOC
- ☐ Detentionary
- ☐ Home Based Primary Care
- ☐ Inpatient Mental Health
- ☐ OEP/ODP Clinic
- ☐ Mental Health Clinic
- ☐ MH Residential Rehabilitation Treatment Program (RTRP)
- ☐ PTSD Clinical Team
- ☐ Primary Care
- ☐ Substance Use Disorder Clinic
- ☐ PBOC/Day Treatment
- ☐ Community/Non-VA Setting
- ☐ Other

Primary (focus of treatment) or Secondary (if applicable)

DIAGNOSIS

- ☐ Primary Diagnosis:
- ☐ Secondary Diagnosis:

Buttons:

Health Factors: PEI 1 ADD'L SSN INFO, PEI 5 CONTENT SESSION, PEI 5 PROLONGED EXPOSURE, IND FINAL, PEI SESSION FACE TO FACE, PEI SESSION LOCATION, PEI SESSION NUMBER 17

*Indicates a Required Field

FIGURE 26 - PEI 5 SCREENSHOT #3

ASSESSMENT

Date	Instrument	Raw	Trans Scale
08/22/2011 10:08	PC PTSD	2	Total
08/04/2011 08:12	PCLC	14	Total
08/04/2011 08:12	PCLB	11	Total

☒ Check here to place scores in note.

PCL-C

Perform PCLC

BDI - II

Perform BDI

☒ **NOTE INFORMATION:** Please note any indication of SI/RE and any other relevant risk information and complete local suicide note template if appropriate.

☐ **MENTAL STATUS/BEHAVIORAL OBSERVATION:** Please note any relevant mental status findings and/or behavioral observations.

☐ **OTHER RELEVANT OBSERVATION:** Please note any additional structured or clinical assessment information relevant to this session (e.g., cultural/spiritual influences, substance use, etc.)

Buttons:

Health Factors: PEI 1 ADD'L SSN INFO, PEI 5 CONTENT SESSION, PEI 5 PROLONGED EXPOSURE, IND FINAL, PEI SESSION FACE TO FACE, PEI SESSION LOCATION, PEI SESSION NUMBER 17

*Indicates a Required Field

FIGURE 27 - PEI 5 SCREENSHOT #4

Reminder Dialog Template: PEI Final

PLEASE ENTER OBSERVATION: (Please note any additional structures of clinical assessment information relevant to this session i.e., cultural/spiritual influences, substance use, etc.)

Patient completed final session of PEI protocol. The following occurred during the session: (Check if completed)

Session involved:

☒ Reviewed homework and gave feedback and praise/positive reinforcement. Patient completed the following homework assignments from last session (check all that apply):

☐ Breathing Retraining practice _____ times

☐ Listening to session tape of full session one time

☒ Listening to imaginal session tape daily

☐ In-vivo homework exercises.

If all assignments were not completed, please indicate which assignments were completed and which were not.

☐ Other: _____

☒ If homework was not completed please indicate why, focusing on possible role of avoidance. Comment: _____

☒ Gave instructions for imaginal exposure as needed, going back for full memory for final exposure session

☒ Reviewed the traumatic experience through imaginal exposure for 30 minutes and making a separate recording. Patient completed _____ repetitions of the memory

☒ Processed imaginal exposure for that session as well as discussing how memory has changed over the course of treatment. Patient response to imaginal exposure processing: _____

Validate Fresh Cancel

CONTENT MEMORY CHANGE PEI 5 CONTENT REVISIT PEI 5 CONTENT SESSION PEI 5 PROLONGED EXPOSURE IND FINAL PEI SESSION FACE TO FACE PEI SESSION LOCATION PEI SESSION NUMBER 17
*Includes a Required field

FIGURE 28 - PEI 5 SCREENSHOT #5

Reminder Dialog Template: PEI Final

experiences of the memory

☒ Processed imaginal exposure for that session as well as discussing how memory has changed over the course of treatment. Patient response to imaginal exposure processing: _____

☒ Reviewed in vivo hierarchy from session 2, re-addressing PTSD as present.

☐ Reviewed relapse prevention skills

☒ DEGREE OF COLLABORATION:
The degree of collaboration between the patient and the therapist in the current session was:

Comment: _____

☐ Low

☐ Medium

☐ High

If therapeutic alliance measure was given, please report results here.

☒ REVIEW OF PROGRESS DURING TREATMENT

☒ Patient progress in relation to treatment goals for Prolonged Exposure: _____

☒ Impact of therapy on patient's functioning: _____

Validate Fresh Cancel

CONTENT IN VIVO HIERARCHY PEI 5 CONTENT MEMORY CHANGE PEI 5 CONTENT REVISIT PEI 5 CONTENT SESSION PEI 5 FINAL GP PEI 5 FINAL IMPACT PEI 5 FINAL PROGRESS PEI 5 PROLONGED EXPOSURE IND FINAL PEI SESSION FACE TO FACE PEI SESSION LOCATION PEI SESSION NUMBER 17
*Includes a Required field

FIGURE 29 - PEI 5 SCREENSHOT #6

Reminder Dialog Template: PEI Final

☒ REVIEW OF PROGRESS DURING TREATMENT

☒ Patient progress in relation to treatment goals for Prolonged Exposure:

☒ Impact of therapy on patient's functioning:

ADDITIONAL SESSION INFORMATION

Additional Information about session content and/or behavioral observations, including information about what the patient learned and level of engagement:

Comment:

☒ PLAN:

☒ TREATMENT COMPLETED (Describe the reason for termination of treatment):

☒ BOOSTER SESSIONS (Describe the reason for booster sessions and if the sessions were scheduled or will be scheduled in the future):

☒ SCHEDULED POST ASSESSMENT SESSION(S) (Describe the reason for additional assessment sessions):

☒ REFERRED FOR FURTHER EVALUATION, TREATMENT OR OTHER SERVICES (Describe the referral and reason for referral):

Valid Info Finish Cancel

PROGRESS PEI 5 PLAN PEI 5 PLAN BOOSTER SSN PEI 5 PLAN COMPLETE PEI 5 PLAN POST ASSESS PEI 5 PLAN PT AGREE PEI 5 PLAN REFERRAL PEI 5 PROLONGED EXPOSURE IND FINAL PEI SESSION FACE TO FACE PEI SESSION LOCATION PEI SESSION NUMBER 17

*Indicates a required field

FIGURE 30 - PEI 5 SCREENSHOT #7

Reminder Dialog Template: PEI Final

ADDITIONAL SESSION INFORMATION

Additional Information about session content and/or behavioral observations, including information about what the patient learned and level of engagement:

Comment:

☒ PLAN:

☒ TREATMENT COMPLETED (Describe the reason for termination of treatment):

☒ BOOSTER SESSIONS (Describe the reason for booster sessions and if the sessions were scheduled or will be scheduled in the future):

☒ SCHEDULED POST ASSESSMENT SESSION(S) (Describe the reason for additional assessment sessions):

☒ REFERRED FOR FURTHER EVALUATION, TREATMENT OR OTHER SERVICES (Describe the referral and reason for referral):

☐ Set appointment date:

☒ Patient agreed with the above plan:

☒ Additional information regarding plan:

Valid Info Finish Cancel

PROGRESS PEI 5 PLAN PEI 5 PLAN ADDL INFO PEI 5 PLAN BOOSTER SSN PEI 5 PLAN COMPLETE PEI 5 PLAN POST ASSESS PEI 5 PLAN PT AGREE PEI 5 PLAN REFERRAL PEI 5 PROLONGED EXPOSURE IND FINAL PEI SESSION FACE TO FACE PEI SESSION LOCATION PEI SESSION NUMBER 17

*Indicates a required field

13. Appendix B: CPT Screenshots

This appendix will show all of the screenshots associated with Cognitive Processing Therapy.

During the course of CPT, the primary focus is to help patients gain an understanding of, and modify the meaning attributed to, their traumatic event. In pursuit of this objective, an important goal of CPT is to decrease the pattern of avoiding the trauma memory so that beliefs and meanings can be further evaluated and understood within the original context.

13.1. CPT 1 Initial Phase

The initial phase of treatment consists of education regarding PTSD, thoughts, and emotions. The therapist develops rapport with patients by establishing a common understanding of the problems experienced by the patients (e.g., PTSD) and outlining the cognitive theory of PTSD development and maintenance. This information is essential to help patients understand the rationale and goals of therapy.

FIGURE 31 - CPT 1 SCREENSHOT #1

Reminder Dialog Template: CPT 1 Initial
Cognitive Processing Therapy: Individual Initial

TIME IN SESSION
(in minutes)

SESSION NUMBER:
☐ 1
☐ 2

SESSION FORMAT:
☐ Face-to-Face Session
☐ Telephone Session
☐ Video Telehealth Session
☐ Other Session type

SESSION LOCATION:
☐ Community Living Center
☐ CMHC
☐ Domiciliary
☐ Inpatient Mental Health
☐ GER/GIP Clinic
☐ Mental Health Clinic
☐ MR Residential Rehabilitation Treatment Program (RSTP)
☐ NCHS
☐ Patient Residence - Home Based Primary Care
☐ Patient Residence - Other
☐ PTSD Clinical Team
☐ Primary Care
☐ Substance Use Disorder Clinic
☐ PBOC/Day Treatment

Valid Info Finish Cancel

Cognitive Processing Therapy: Individual Initial
TIME IN SESSION:
SESSION NUMBER:
HealthFactor: CPT 1 COGNITIVE PROCESSING INITIAL

FIGURE 32 - CPT 1 SCREENSHOT #2

Reminder Dialog Template: CPT 1 Initial

PBOC/Day Treatment
Community/Non-VA
Other

DIAGNOSIS:
☐ Primary Diagnosis (issue of visit): PTSD
☐ Primary Diagnosis (if not PTSD)
☐ Secondary Diagnosis (if applicable)

ASSESSMENT:
Date Instruments Raw Trans Scale Total
07/13/2011 09:27 PCL-C 35 Total
☐ Check here to place scores in note.
PCL-C
Perform PCL-C

SESSION CONTENT:
The veteran completed the first session of the Cognitive Processing Therapy (CPT) protocol and the following therapeutic components were completed:
(Check all that apply to your session and provide explanation for items with text boxes. If items were skipped in session or if patient did not complete the assignment please discuss a plan for addressing these elements in the following session).
☐ The therapist facilitated a good therapeutic relationship. The following elements were utilized to help establish a collaborative, positive working relationship with the patient:
☐ Reviewed and signed treatment agreement consent form
☐ Provided an overview of PTSD symptoms, a cognitive explanation of the development and maintenance of PTSD, and a rationale of CPT.
☐ Presented the patient with an overview of the 12-session treatment.
☐ Discussed patient's readiness to engage in treatment.

Valid Info Finish Cancel

Cognitive Processing Therapy: Individual Initial
TIME IN SESSION:
SESSION NUMBER:
HealthFactor: CPT 1 COGNITIVE PROCESSING INITIAL
*Indicates a Required Field

FIGURE 33 - CPT 1 SCREENSHOT #3

Reminder Dialog Template: CPT 1 Initial

☐ Discussed and addressed patient's questions or concerns about treatment.

☒ Asked the patient to describe a brief account of their most traumatic event.
 Comment:

☒ Introduced the concept of stuck points and began creating a stuck point log.
 Comment:

☒ Asked patient to write one page "Impact Statement" and create stuck point log for practice assignment.
 Comment:

MOTIVATIONAL ENHANCEMENT

☒ Identified short-term goals in several areas of functioning. Comment:

☒ Identified the consequences or impact of PTSD (or other symptoms). Comment:

☒ Identified the benefits of reducing the severity of the PTSD. Comment:

☒ Assessed attitudes and expectations for therapy. Comment:

☒ Assessed any barriers to attending therapy and assisted the patient in problem-solving these barriers.
 Comment:

COLLABORATION:

The degree of collaboration between the patient and the therapist in the current session was:

☐ Low
☐ Medium
☐ High

☐ If a therapeutic alliance measure was given, please report results here.

MOTIVATION ENHANCE ATTITUDES CPT 1 MOTIVATION ENHANCE BARRIERS CPT 1 MOTIVATION ENHANCE BENEFITS CPT 1 MOTIVATION ENHANCE

FIGURE 34 - CPT 1 SCREENSHOT #4

Reminder Dialog Template: CPT 1 Initial

☐ High
☐ If a therapeutic alliance measure was given, please report results here.

ADDITIONAL SESSION INFORMATION

Check to add information regarding: session content and reactions; level of engagement; MSE factors; SI/RI evaluation; STD; cultural and spiritual influences.

☒ Reactions to Session Content:

☒ Level of Engagement:

☒ Mental Status Factors:

☒ Suicidal/Homicidal Ideation Evaluation:

☒ Substance Abuse:

MOTIVATION ENHANCE ATTITUDES CPT 1 MOTIVATION ENHANCE BARRIERS CPT 1 MOTIVATION ENHANCE BENEFITS CPT 1 MOTIVATION ENHANCE
 UNSEQUENCES CPT 1 MOTIVATION ENHANCE GOALS

Indicates a Required Field

FIGURE 35 - CPT 1 SCREENSHOT #5

The screenshot shows a software window titled "Mental Status Factors:". It contains several sections with checkboxes and text input fields:

- ☐ Mental Status Factors:
- ☒ Suicidal/Homicidal Ideation Evaluation: [Redacted]
- ☒ Substance Abuse: [Redacted]
- ☐ Cultural Influences:
- ☐ Spiritual Influences:
- ENTER TIME/DATA NEXT SESSION
- ☒ Next session scheduled for: [Redacted]

At the bottom, there are buttons for "View Info", "Finish", and "Cancel". Below the window, a status bar displays: "STIMULATION ENHANCE ATTITUDES, CPT 1 MOTIVATION ENHANCE BARRIERS, CPT 1 MOTIVATION ENHANCE BENEFITS, CPT 1 MOTIVATION ENHANCE RESEQUENCES, CPT 1 MOTIVATION ENHANCE GOALS" and "Screen is Required Field".

13.2. CPT 2 Meaning Phase

The next phase of CPT involves formal processing of the trauma.

FIGURE 36 - CPT 2 SCREENSHOT #1

The screenshot shows a software window titled "Reminders Dialog Template: CPT 2 Meaning". It contains the following sections:

- Cognitive Processing Therapy: Meaning Session - Individual
- TIME IN SESSION (in minutes): [Redacted]
- SESSION NUMBER:
 - ☒ 2
 - ☐ 3
- SESSION FORMAT:
 - ☐ Face-to-Face Session
 - ☐ Telephone Session
 - ☐ Video Telehealth Session
 - ☐ Other Session type
- SESSION LOCATION:
 - ☐ Community Living Center
 - ☐ CHOC
 - ☐ Outpatient
 - ☐ Inpatient Mental Health
 - ☐ OHS/OTF Clinic
 - ☐ Mental Health Clinic
 - ☐ HHS Residential Rehabilitation Treatment Program (RSTP)
 - ☐ HSCCH
 - ☐ Patient Residence - Home Based Primary Care
 - ☐ Patient Residence - Other
 - ☐ PTSD Clinical Team
 - ☐ Primary Care
 - ☐ Substance Use Disorder Clinic
 - ☐ PDS/Care Treatment

At the bottom, there are buttons for "View Info", "Finish", and "Cancel". Below the window, a status bar displays: "Cognitive Processing Therapy: Meaning Session - Individual", "TIME IN SESSION", "SESSION FORMAT", and "Session Factor: CPT 2 COGNITIVE PROCESSING MEANING".

FIGURE 37 - CPT 2 SCREENSHOT #2

Reminder Dialog Template: CPT 2 Meaning

☐ PBOC/Day Treatment
☐ Community/Non-VA
☐ Other

DIAGNOSIS

☐ Primary Diagnosis (focus of visit): PTSD
☐ Primary Diagnosis (if not PTSD):
☐ Secondary Diagnosis (if applicable):

ASSESSMENT:

Date	Instrument	Raw	Trans Scale
07/13/2011 09:27	PCLC	38	Total

☐ Check here to place scores in notes.

SESSION CONTENT

The veteran completed the remaining of the 8-week session of the Cognitive Processing Therapy (CPT) protocol. The following therapeutic components were completed:
 (Check all that apply, provide explanation as needed. If items skipped/not completed, discuss how will be addressed)

☒ The patient and therapist reviewed the stuck point log. Comment:
☒ Therapist had patient read their impact statement. Comment:
☒ Discussed the meaning of the impact statement with the patient with a focus on identifying "stuck points".
 Comment:
☒ Therapist collected impact statement from patient.
☒ Therapist introduced relationships between thoughts, feelings, and behaviors.
☒ Therapist assigned practice assignment to complete A-B-C sheets and demonstrated how to complete them in session.

COLLABORATION:

The degree of collaboration between the patient and the therapist in the current session was:

MEANING, CPT 2 CONTENT INTRODUCED RELATIONSHIPS, CPT 2 CONTENT READ IMPACT STATEMENT, CPT 2 CONTENT REVIEW STUCK LOG, CPT LOCATION PT RESIDENCE

*Indicates a Required Field

FIGURE 38 - CPT 2 SCREENSHOT #3

Reminder Dialog Template: CPT 2 Meaning

☒ Therapist assigned practice assignment to complete A-B-C sheets and demonstrated how to complete them in session.

COLLABORATION:

The degree of collaboration between the patient and the therapist in the current session was:

☐ Low
☐ Medium
☐ High
☐ If a therapeutic alliance measure was given, please report results here.

MOTIVATIONAL ASSESSMENT

☐ If therapist assessed motivation and/or applied motivational enhancement strategies please indicate and describe below:

ADDITIONAL SESSION INFORMATION

Check to add information regarding: session content and reactions; level of engagement; MSE factors; SI/NI evaluation; STD; cultural and spiritual influences.

☒ Reactions to Session Content:
☒ Level of Engagement:
☒ Mental Status Factors:

MEANING, CPT 2 CONTENT INTRODUCED RELATIONSHIPS, CPT 2 CONTENT READ IMPACT STATEMENT, CPT 2 CONTENT REVIEW STUCK LOG, CPT LOCATION PT RESIDENCE

*Indicates a Required Field

FIGURE 39 - CPT 2 SCREENSHOT #4

13.3. CPT 3 ABC Phase

Emotional processing continues throughout the course of CPT as patients discuss their traumatic experiences in efforts to clarify and modify their maladaptive beliefs.

FIGURE 40 - CPT 3 SCREENSHOT #1

FIGURE 41 - CPT 3 SCREENSHOT #2

Reminders Dialog Template: CPT 3 ABC

☐ PTSD/Any Treatment
☐ Community/Non-VA
☐ Other

DIAGNOSIS
☐ Primary Diagnosis (focus of visit): PTSD
☐ Primary Diagnosis (if not PTSD):
☐ Secondary Diagnosis (if applicable):

ASSESSMENT:

Date	Instrument	Raw	Trans Scale
07/13/2011 09:27	PCLC	38	Total

☐ Check here to place scores in note.
PCL-C

SESSION CONTENT:
The Veteran completed the Thoughts and Feelings Session of the Cognitive Processing Therapy (CPT) protocol. The following therapeutic components were completed:
(Check all that apply, provide explanation as needed. If items skipped/not completed, discuss how will be addressed)
☒ Therapist reviewed homework (ABC sheets) with patient, and helped further differentiate between thoughts and feelings.
Comment:
☒ If patient did not do any sheets, therapist asked patient to complete some in session.
☒ Therapist helped patient identify stuck points and add them to the Stuck point log. Comment:
☒ Therapist helped the patient with some initial challenging of problematic thoughts using Socratic Questions.
Comment:
☒ Therapist asked patient to write an account of their most traumatic event, with full details. The therapist discussed avoidance and helped the patient challenge inaccurate thoughts about completing the assignment.

COLLABORATION:

HOMEWORK: CPT 3 CONTENT SOCRATIC CPT 3 CONTENT WRITE TRAUMATIC EVENT CPT LOCATION CLC

*Indicates a Required Field

FIGURE 42 - CPT 3 SCREENSHOT #3

Reminders Dialog Template: CPT 3 ABC

COLLABORATION:
The degree of collaboration between the patient and the therapist in the current session was:
☐ Low
☐ Medium
☐ High
☐ If a therapeutic alliance measure was given, please report results here.

MOTIVATIONAL ASSESSMENT
☐ If therapist assessed motivation and/or applied motivational enhancement strategies please indicate and describe below:

ADDITIONAL SESSION INFORMATION
Check to add information regarding: session content and reactions; level of engagement; MEX factors; SI/RI evaluation; PTSD; cultural and spiritual influences.
☒ Reactions to Session Content:
☒ Level of Engagement:
☒ Mental Status Factors:
☒ Suicidal/Homicidal Ideation Evaluation:

HOMEWORK: CPT 3 CONTENT SOCRATIC CPT 3 CONTENT WRITE TRAUMATIC EVENT CPT LOCATION CLC

*Indicates a Required Field

FIGURE 43 - CPT 3 SCREENSHOT #4

The screenshot shows a software window titled "Cognitive Processing Therapy: Trauma Event Session - Individual". The main content area contains several sections, each with a checked checkbox and a text input field:

- ☒ Mental Status Factors:
- ☒ Suicidal/Homicidal Ideation Evaluation:
- ☒ Substance Abuse:
- ☒ Cultural Influences:
- ☒ Spiritual Influences:

Below these sections is a "NEXT TIME/DATE NEXT SESSION" section with a checked checkbox and a text input field labeled "Next session scheduled for:". At the bottom of the window are three buttons: "Valid Info", "Finish", and "Cancel". A status bar at the very bottom displays the text "HOMEWORK: CPT 3 CONTENT SOCRAHC: CPT 3 CONTENT WHITE TRAUMATIC EVENT: CPT LOCATION CLC" and a small note "*Indicates a Required field".

13.4. CPT 4 Trauma Phase

The next phase of CPT involves formal processing of the trauma.

FIGURE 44 - CPT 4 SCREENSHOT #1

The screenshot shows a software window titled "Cognitive Processing Therapy: Trauma Event Session - Individual". The main content area contains several sections, each with a checked checkbox and a text input field:

- ☒ TIME IN SESSION (in minutes)
- ☒ SESSION NUMBER:
- ☒ SESSION FORMAT:
 - ☐ Face-to-Face Session
 - ☐ Telephone Session
 - ☐ Video Telehealth Session
 - ☐ Other Session type
- ☒ SESSION LOCATION:
 - ☐ Community Living Center
 - ☐ CHOC
 - ☐ Domiciliary
 - ☐ Inpatient Mental Health
 - ☐ OHP/OTF Clinic
 - ☐ Mental Health Clinic
 - ☐ MD Residential Rehabilitation Treatment Program (RRTP)
 - ☐ MCHC
 - ☐ Patient Residence - Home Based Primary Care
 - ☐ Patient Residence - Other
 - ☐ PTSD Clinical Team
 - ☐ Primary Care
 - ☐ Substance Use Disorder Clinic

At the bottom of the window are three buttons: "Valid Info", "Finish", and "Cancel". A status bar at the very bottom displays the text "Cognitive Processing Therapy: Trauma Event Session - Individual" and "SESSION NUMBER:" followed by "Health Factor: CPT 4 COGNITIVE PROCESSING TRAUMA EVENT" and a small note "*Indicates a Required field".

FIGURE 45 - CPT 4 SCREENSHOT #2

☐ PBOC/Day Treatment
☐ Community/Non-VA
☐ Other

DIAGNOSIS
☒ Primary Diagnosis (focus of visit): PTSD
☒ Primary Diagnosis (if not PTSD):
☒ Secondary Diagnosis (if applicable): Do:

ASSESSMENT:

Date	Instrument	Raw	Trans	Scale
07/13/2011 09:27	PCIC	55		Total

☐ Check here to place scores in note.
 PCS-C
☐ Previous PCIC

SESSION CONTENT
 The veteran completed the Trauma Event session of the Cognitive Processing Therapy (CPT) protocol. The following therapeutic components were completed:
 (Check all that apply, provide explanation as needed. If items skipped/not completed, discuss how will be addressed)
☐ Therapist reviewed completed ABC sheets with patient.
☐ Therapist had patient read the trauma account aloud.
☐ If patient did not write the trauma account, therapist asked patient to recount the trauma during the session and did an A-B-C sheet on avoidance.
☐ Therapist helped the patient go through account to identify stuck points using Socratic Questioning.
☐ Therapist helped patient connect feelings to thoughts.
☐ Therapist collected trauma account from patient.
☐ Therapist asked patient to rewrite the trauma account and complete daily A-B-C sheets for their practice assignment.

COLLABORATION:

Health Factor: CPT 4 COGNITIVE PROCESSING TRAUMA EVENT
 *Indicates Required field

FIGURE 46 - CPT 4 SCREENSHOT #3

☐ Therapist collected trauma account from patient.
☐ Therapist asked patient to rewrite the trauma account and complete daily A-B-C sheets for their practice assignment.

COLLABORATION:
 The degree of collaboration between the patient and the therapist in the current session was:
☐ Low
☐ Medium
☒ High
☒ If a therapeutic alliance measure was given, please report results here. Comment:

MOTIVATIONAL ASSESSMENT:
☒ If therapist assessed motivation and/or applied motivational enhancement strategies please indicate and describe below:
 Comment:

ADDITIONAL SESSION INFORMATION
 Check to add information regarding: session content and reactions; level of engagement; MSE factors; SI/RI evaluation; SOB; cultural and spiritual influences.
☒ Reaction to Session Content:
☐ Level of Engagement:
☒ Mental Status Factors:

THERAPEUTIC ALLIANCE, CPT MOTIVATION ASSESSED
 *Indicates Required field

FIGURE 47 - CPT 4 SCREENSHOT #4

☒ Mental Status Factors:

☐ Suicidal/Homicidal Ideation Evaluation:

☐ Substance Abuse:

☐ Cultural Influences:

☐ Spiritual Influences:

ENTER TIME/DATE NEXT SESSION

☒ Next session scheduled for:

Visit Info Finish Cancel

THERAPEUTIC ALLIANCE, CPT MOTIVATION ASSESSED

*Indicates a Required Field

13.5. CPT 5 Rewrite Phase

The final phase of treatment focuses on teaching the patient the cognitive skills necessary to identify, evaluate, and modify their beliefs as necessary regarding any and all traumatic events they have experienced. Patients focus on the ‘stuck points’ identified and work to better understand and challenge habitual and unrealistic conclusions about their traumatic experience.

FIGURE 48 - CPT 5 SCREENSHOT #1

Reminder Dialog Template: CPT 5 Rewrite

Cognitive Processing Therapy: Re-write Event Session - Individual

TIME IN SESSION

(in minutes)

SESSION NUMBER:

☐ 4

☐ 5

☐ 6

SESSION FORMAT:

☐ Face-to-Face Session

☐ Telephone Session

☐ Video Telehealth Session

☐ Other Session type

SESSION LOCATION:

☐ Community Living Center

☐ CDOC

☐ Domiciliary

☐ Inpatient Mental Health

☐ OHS/OTF Clinic

☐ Mental Health Clinic

☐ MH Residential Rehabilitation Treatment Program (RSTP)

☐ MHIC

☐ Patient Residence - Home Based Primary Care

☐ Patient Residence - Other

☐ PTSD Clinical Team

☐ Primary Care

☐ Substance Use Disorder Clinic

Visit Info Finish Cancel

Cognitive Processing Therapy: Re-write Event Session - Individual

TIME IN SESSION

SESSION NUMBER:

Next Factor: CPT 5 COGNITIVE PROCESSING REWRITE EVENT

*Indicates a Required Field

FIGURE 49 - CPT 5 SCREENSHOT #2

Reminder Dialog Template: CPT 5 Rewrite

☐ Substance Use Disorder Clinic
☐ PBC/Day Treatment
☐ Community/Non-VA
☐ Other

DIAGNOSIS

☒ Primary Diagnosis (focus of visit): PTSD
☒ Primary Diagnosis (if not PTSD):
☒ Secondary Diagnosis (if applicable): Dx:

ASSESSMENT:

Date	Instrument	Raw	Trans Scale
07/13/2011 09:27	PCIC	36	Total

☐ Check here to place scores in note.
 PCIC-C

SESSION CONTENT

The veteran completed the Re-write of Trauma Event session of the Cognitive Processing Therapy (CPT) protocol. The following therapeutic components were completed:
 (Check all that apply, provide explanation as needed. If items skipped/not completed, discuss how will be addressed)

☒ Therapist reviewed completed ABC sheets with patient and helped the patient challenge distorted beliefs.
 Comments:

☒ Therapist had patient read the re-writing of the trauma account and helped the patient review the account for additional stuck points.
 Comments:

☒ Therapist targeted cognitions about blame and/or guilt for cognitive restructuring using Socratic Questions.
 Comments:

☒ Therapist introduced the Challenging Questions to aid in challenging stuck points and assigned stuck points to be challenged off of the Stuck Point Log. Patient was asked to complete one sheet a day.
 Comments:

CONTENT SOCRATIC CPT 5 CONTENT TRAUMA ACCOUNT READ

* Indicates a Required Field

FIGURE 50 - CPT 5 SCREENSHOT #3

Reminder Dialog Template: CPT 5 Rewrite

☐ Therapist asked patient to write an additional trauma account if patient felt there was another trauma that needed to be discussed.

COLLABORATION:

The degree of collaboration between the patient and the therapist in the current session was:

☒ Low
☐ Medium
☐ High
☐ If a therapeutic alliance measure was given, please report results here.

MOTIVATIONAL ASSESSMENT

☐ If therapist assessed motivation and/or applied motivational enhancement strategies please indicate and describe below:

ADDITIONAL SESSION INFORMATION

Check to add information regarding: session content and reactions; level of engagement; MSE factors; SI/RI evaluation; SUD; cultural and spiritual influences.

☒ Reactions to Session Content:
 Comments:

☒ Level of Engagement:
 Comments:

☒ Medical Status Factors:
 Comments:

CONTENT SOCRATIC CPT 5 CONTENT TRAUMA ACCOUNT READ CPT COLLABORATION LOW

* Indicates a Required Field

FIGURE 51 - CPT 5 SCREENSHOT #4

Reminder Dialog Template: CPT 5 Rewrite

☒ Mental Status Factors:

☒ Suicidal/Homicidal Ideation Evaluation:

☒ Substance Abuse:

☒ Cultural Influences:

☒ Spiritual Influences:

ENTER TIME/DATE NEXT SESSION

☒ Next session scheduled for:

Get Info Finish Cancel

CONTENT SOCIOCRATIC CPT 5 CONTENT TRAUMA ACCOUNT READ CPT COLLABORATION LOW

Indicates a Required Field

13.6. CPT 6 Challenging Phase

FIGURE 52 - CPT 6 SCREENSHOT #1

Reminder Dialog Template: CPT 6 Challenging

Cognitive Processing Therapy: Challenging Questions Session - Individual

TIME IN SESSION

(in minutes)

SESSION NUMBER:

☐ 5

☐ 6

☐ 7

SESSION FORMAT

☐ Face-to-Face Session

☐ Telephone Session

☐ Video Telehealth Session

☐ Other Session type

SESSION LOCATION:

☐ Community Living Center

☐ CDOC

☐ Outpatient

☐ Inpatient Mental Health

☐ OBP/OTF Clinic

☐ Mental Health Clinic

☐ MH Residential Rehabilitation Treatment Program (RTRP)

☐ MHCC

☐ Patient Residence - Home Based Primary Care

☐ Patient Residence - Other

☐ PTSD Clinical Team

☐ Primary Care

☐ Substance Use Disorder Clinic

Get Info Finish Cancel

Cognitive Processing Therapy: Challenging Questions Session - Individual

TIME IN SESSION

SESSION NUMBER:

Health Factors: CPT 6 COGNITIVE PROCESSING CHALLENGING

Indicates a Required Field

FIGURE 53 - CPT 6 SCREENSHOT #2

Reminder Dialog Template: CPT 6 Challenging

☐ Substance Use Disorder Clinic
☐ PBC/Day Treatment
☐ Community/Non-VA
☐ Other

DIAGNOSIS

☒ Primary Diagnosis (focus of visit): PTSD
☒ Primary Diagnosis (if not PTSD):
☒ Secondary Diagnosis (if applicable): Dx:

ASSESSMENT:

Date	Instrument	Raw	Trans Scale
07/13/2011 09:27	PCIC	36	Total

☐ Check here to place scores in note.
 PCIC-C

SESSION CONTENT

The veteran completed the Challenging Questions Session of the Cognitive Processing Therapy (CPT) protocol. The following therapeutic components were completed. (Check all that apply, provide explanation as needed. If items skipped/not completed, discuss how will be addressed)

☒ Therapist and patient reviewed the patient's completed Challenging Questions Sheets (CQS). Comment:
☒ Therapist had patient read the trauma account if the patient wrote an additional one. Comment:
☒ Therapist reminded the patient to continue reading all trauma accounts if they were still leading to strong negative thoughts or feelings.
☒ Therapist helped patient focus on stuck points related to self-blame and hindsight bias. Comment:
☒ Therapist introduced Problematic Thinking Patterns Worksheet (e.g., minimization/exaggeration, all-or-none thinking) and examples from the patient's thinking about the traumatic event and life in general were used to illustrate these patterns. Patient was asked to complete one a day for the practice assignment.

Comment:

CONTENT STUCK POINT FOCUS, CPT 6 CONTENT TRAUMA ACCOUNT READ, CPT 6 CONTENT TRAUMA ACCOUNT REMIND

*Indicates a Required Field

FIGURE 54 - CPT 6 SCREENSHOT #3

Reminder Dialog Template: CPT 6 Challenging

☒ Therapist introduced Problematic Thinking Patterns Worksheet (e.g., minimization/exaggeration, all-or-none thinking) and examples from the patient's thinking about the traumatic event and life in general were used to illustrate these patterns. Patient was asked to complete one a day for the practice assignment.

Comment:

COLLABORATION:

The degree of collaboration between the patient and the therapist in the current session was:

☐ Low
☐ Medium
☐ High
☐ If a therapeutic alliance measure was given, please report results here.

MOTIVATIONAL ASSESSMENT

☒ If therapist assessed motivation and/or applied motivational enhancement strategies please indicate and describe below:
 Comment:

ADDITIONAL SESSION INFORMATION

Check to add information regarding: session content and reactions; level of engagement; MSE factors; ST/ST evaluation; STD; cultural and spiritual influences.

☒ Reactions to Session Content:

☒ Level of Engagement:

☒ Mental Status Factors:

CONTENT STUCK POINT FOCUS, CPT 6 CONTENT TRAUMA ACCOUNT READ, CPT 6 CONTENT TRAUMA ACCOUNT REMIND, CPT MOTIVATION ASSESSED

*Indicates a Required Field

FIGURE 55 - CPT 6 SCREENSHOT #4

Reminder Dialog Template: CPT 6 Challenging

☒ Mental Status Factors: [Text Field]

☒ Suicidal/Homicidal Ideation Evaluation: [Text Field]

☒ Substance Abuse: [Text Field]

☒ Cultural Influences: [Text Field]

☒ Spiritual Influences: [Text Field]

ENTER TIME/DATA NEXT SESSION

☒ Next session scheduled for: [Text Field]

[Get Info] [Finish] [Cancel]

CONTENT STUCK POINT FOCUS: CPT 6 CONTENT TRAUMA ACCOUNT READ: CPT 6 CONTENT TRAUMA ACCOUNT REMIND: CPT MOTIVATION ASSESSED

*Indicates a Required Field

13.7. CPT 7 Problematic Phase

FIGURE 56 - CPT 7 SCREENSHOT #1

Reminder Dialog Template: CPT 7 Problematic

Cognitive Processing Therapy: Problematic Thinking Session - Individual

TIME IN SESSION

(in minutes) [Text Field]

SESSION NUMBER:

☐ 6

☐ 7

☐ 8

SESSION FORMAT:

☐ Face-to-Face Session

☐ Telephone Session

☐ Video Telehealth Session

☐ Other Session type

SESSION LOCATION:

☐ Community Living Center

☐ CHOC

☐ Outpatient

☐ Inpatient Mental Health

☐ Outpatient Clinic

☐ Medical Health Clinic

☐ HHS Residential Rehabilitation Treatment Program (RSTP)

SESSION:

☐ Patient Residence - Home Based Primary Care

☐ Patient Residence - Other

☐ PTSD Clinical Team

☐ Primary Care

☐ Substance Use Disorder Clinic

[Get Info] [Finish] [Cancel]

Cognitive Processing Therapy: Problematic Thinking Session - Individual

TIME IN SESSION

SESSION NUMBER:

Health Factor: CPT 7 COGNITIVE PROCESSING PROBLEMATIC

*Indicates a Required Field

FIGURE 57 - CPT 7 SCREENSHOT #2

Reminder Dialog Template: CPT 7 Problematic

☐ PTSD/Day Treatment
☐ Community/Non-VA
☐ Other

DIAGNOSTIC:
☒ Primary Diagnosis (focus of visit): PTSD
☒ Primary Diagnosis (if not PTSD):
☒ Secondary Diagnosis (if applicable):

ASSESSMENT:
 Date: 07/13/2011 09:27 Instrument: PCLC Raw Score: 36 Total:
☐ Check here to place scores in note.
 PCL-C

SESSION CONTENT:
 The veteran completed the Problematic Thinking Patterns Session of the Cognitive Processing Therapy (CPT) protocol. The following therapeutic components were completed:
 (Check all that apply, provide explanation as needed. If items skipped/not completed, discuss how will be addressed)
☒ Therapist and patient reviewed patient's completed Problematic Thinking Patterns sheet. Comment:
☒ Therapist reminded the patient to continue reading all trauma accounts.
☒ Therapist introduced the Challenging Beliefs worksheet as a method of self-guided cognitive restructuring. Comment:
☒ An example stuck point was used to illustrate the use of the worksheet. Comment:
☒ Therapist introduced the Safety module and the patient was asked to review the handout before the next session.
☒ Patient was asked to complete one Challenging Beliefs worksheet each day, with at least one sheet on Safety.

COLLABORATION:

CONTENT REVIEWED: HOMEWORK PRIOR PAT CPT 7 CONTENT SAFETY MODULE INTRO CPT 7 CONTENT STUCK POINT EXAMPLE CPT 7 CONTENT TRAUMA ACCOUNT
 HELMIND
 * Indicates a Required Field

FIGURE 58 - CPT 7 SCREENSHOT #3

Reminder Dialog Template: CPT 7 Problematic

☒ Patient was asked to complete one Challenging Beliefs worksheet each day, with at least one sheet on Safety.

COLLABORATION:
 The degree of collaboration between the patient and the therapist in the current session was:
☐ Low
☐ Medium
☐ High
☐ If a therapeutic alliance measure was given, please report results here.

MOTIVATIONAL ASSESSMENT:
☐ If therapist assessed motivation and/or applied motivational enhancement strategies please indicate and describe below:

ADDITIONAL SESSION INFORMATION:
 Check to add information regarding: session content and reactions; level of engagement; RISK factors; SI/RI evaluation; SID; cultural and spiritual influences.
☒ Reactions to Session Content:
☒ Level of Engagement:
☒ Mental Status Factors:

CONTENT REVIEWED: HOMEWORK PRIOR PAT CPT 7 CONTENT SAFETY MODULE INTRO CPT 7 CONTENT STUCK POINT EXAMPLE CPT 7 CONTENT TRAUMA ACCOUNT
 HELMIND
 * Indicates a Required Field

FIGURE 59 - CPT 7 SCREENSHOT #4

Reminder Dialog Template: CPT 7 Problematic

☒ Mental Status Factors:

☒ Suicidal/Homicidal Ideation Evaluation:

☒ Substance Abuse:

☒ Cultural Influences:

☒ Spiritual Influences:

ENTER TIME/DATE NEXT SESSION

☒ Next session scheduled for:

CONTENT REVIEWED HOMEWORK PRIOR PAT. CPT 7 CONTENT SAFETY MODULE INTRO. CPT 7 CONTENT STUCK POINT EXAMPLE. CPT 7 CONTENT TRAUMA ACCOUNT. REMIND

* Indicates a Required Field

The final phase of treatment also focuses on five themes that have been identified as areas in which beliefs are commonly impacted by a traumatic experience. These themes include Safety, Trust, Power/Control, Esteem, and Intimacy.

13.8. CPT 8 Safety Phase

FIGURE 60 - CPT 8 SCREENSHOT #1

Reminder Dialog Template: CPT 8 Safety

Cognitive Processing Therapy: Safety Session - Individual

TIME IN SESSION

(in minutes)

SESSION NUMBER:

☐ 7

☐ 8

☐ 9

SESSION FORMAT:

☐ Face-to-Face Session

☐ Telephone Session

☐ Video Telehealth Session

☐ Other Session Type

SESSION LOCATION:

☐ Community Living Center

☐ CBOC

☐ Homeless

☐ Inpatient Mental Health

☐ Outpatient Clinic

☐ Mental Health Clinic

☐ Outpatient Residential Treatment Program (ORTP)

☐ Other

☐ Patient Residence - Home Based Primary Care

☐ Patient Residence - Other

☐ PTSD Clinical Team

☐ Primary Care

☐ Substance Use Disorder Clinic

Not Info Finish Cancel

Cognitive Processing Therapy: Safety Session - Individual

TIME IN SESSION

SESSION NUMBER:

HealthFactor: CPT 8 COGNITIVE PROCESSING SAFETY

Indicates a Required Field

FIGURE 61 - CPT 8 SCREENSHOT #2

Reminder Dialog Template: CPT 8 Safety

☐ Substance Use Disorder Clinic

☐ PTSD/PTSD Treatment

☐ Community/Non-VA

☐ Other

DIAGNOSIS

☒ Primary Diagnosis (focus of visit): PTSD

☐ Primary Diagnosis (if not PTSD):

☐ Secondary Diagnosis (if applicable):

ASSESSMENT:

Date	Instrument	Raw	Transformed
07/13/2011 09:27	PCL-C	35	Total

Check here to place scores in notes.

PCL-C

Review PCL-C

SESSION CONTENT

The veteran completed the Safety Session of the Cognitive Processing Therapy (CPT) protocol. The following therapeutic components were completed:

(Check all that apply, provide explanation as needed. If items skipped/not completed, discuss how will be addressed)

☒ Therapist and patient reviewed patient's completed Challenging Beliefs Worksheets to challenge stuck points and generate alternative beliefs.

Comment:

☒ Therapist and patient discussed the Safety handout and reviewed any Safety worksheets the patient did for their practice assignment.

Comment:

☒ Therapist assisted patient in challenging beliefs generated by patient in session using the Challenging Beliefs Worksheet.

☒ Therapist introduced the Trust module and the patient was asked to review the handout before the next session.

☒ Patient was asked to complete one Challenging Beliefs worksheet each day, with at least one sheet on Trust.

Not Info Finish Cancel

CONTENT CHALLENGING BELIEFS WORK, CPT 8 CONTENT SAFETY REVIEW, CPT 8 CONTENT TRUST INFO

Indicates a Required Field

FIGURE 62 - CPT 8 SCREENSHOT #3

Reminder Dialog Template: CPT 8 Safety

☒ Patient was asked to complete one Challenging Beliefs worksheet each day, with at least one sheet on Trust.

COLLABORATION:
The degree of collaboration between the patient and the therapist in the current session was:

☐ Low
☐ Medium
☐ High

☐ If a therapeutic alliance measure was given, please report results here.

MOTIVATIONAL ASSESSMENT:
☐ If therapist assessed motivation and/or applied motivational enhancement strategies please indicate and describe below:

ADDITIONAL SESSION INFORMATION
 Check to add information regarding: session content and reactions; level of engagement; MSE factors; SI/RI evaluation; SUD; cultural and spiritual influences.

☒ Reactions to Session Content:

☒ Level of Engagement:

☒ Mental Status Factors:

Get Info Finish Cancel

CONTENT CHALLENGING BELIEFS WORK, CPT 8 CONTENT SAFETY REVIEW, CPT 8 CONTENT TRUST INFO

* Indicates a Required Field

FIGURE 63 - CPT 8 SCREENSHOT #4

Reminder Dialog Template: CPT 8 Safety

☒ Mental Status Factors:

☐ Suicidal/Homicidal Ideation Evaluation:

☐ Substance Abuse:

☐ Cultural Influences:

☐ Spiritual Influences:

ENTER TIME/DATE NEXT SESSION
☒ Next session scheduled for:

Get Info Finish Cancel

CONTENT CHALLENGING BELIEFS WORK, CPT 8 CONTENT SAFETY REVIEW, CPT 8 CONTENT TRUST INFO

* Indicates a Required Field

13.9. CPT 9 Trust Phase

FIGURE 64 - CPT 9 SCREENSHOT #1

Reminder Dialog Template: CPT 9 Trust

Cognitive Processing Therapy: Trust Session - Individual

TIME IN SESSION:

(in minutes)

SESSION NUMBER:

0
9
10

SESSION FORMAT:

☐ Face-to-Face Session
☐ Telephone Session
☐ Video Telehealth Session
☐ Other Session type

SESSION LOCATION:

☐ Community Living Center
☐ CBOC
☐ Outpatient
☐ Inpatient Mental Health
☐ OHS/OTF Clinic
☐ Mental Health Clinic
☐ MH Residential Rehabilitation Treatment Program (RTRP)
☐ MHC
☐ Patient Residence - Home Based Primary Care
☐ Patient Residence - Other
☐ PTSD Clinical Team
☐ Primary Care
☐ Substance Use Disorder Clinic

Cognitive Processing Therapy: Trust Session - Individual

TIME IN SESSION:

SESSION NUMBER:

Session: CPT 9 COGNITIVE PROCESSING TRUST

*Indicates a Required Field

FIGURE 65 - CPT 9 SCREENSHOT #2

Reminder Dialog Template: CPT 9 Trust

☐ PTSD/Day Treatment
☐ Community/Non-VA
☐ Other

DIAGNOSIS:

☒ Primary Diagnosis (focus of visit): PTSD

☒ Primary Diagnosis (if not PTSD):

☒ Secondary Diagnosis (if applicable):

ASSESSMENT:

Date: 07/12/2011 09:27 Instrument: PCLC Raw: 20 Trans Scale: Total

☐ Check here to place scores in note.

PCL-C

SESSION CONTENT

The Veteran completed the Trust Session of the Cognitive Processing Therapy (CPT) protocol. The following therapeutic components were completed:

(Check all that apply, provide explanation as needed. If items skipped/not completed, discuss how will be addressed)

☒ Therapist and patient reviewed patient's completed Challenging Beliefs Worksheets to challenge stuck points and generate alternative beliefs.

Comments:

☒ Therapist and patient discussed the Trust handout and reviewed any Trust worksheets the patient did for their practice assignment.

Comments:

☒ Therapist assisted patient in challenging beliefs generated by patient in session using the Challenging Beliefs Worksheet.

☒ Therapist introduced the Power/Control module and asked the patient to review the handout before the next session.

☒ Patient was asked to complete one Challenging Beliefs worksheet each day, with at least one sheet on Power/Control.

COLLABORATION:

CONTENT CHALLENGING BELIEFS WORK, CPT 9 CONTENT POWER/CONTROL INFO, CPT 9 CONTENT TRUST REVIEW

*Indicates a Required Field

FIGURE 66 - CPT 9 SCREENSHOT #3

Reminder Dialog Template: CPT 9 Trust

COLLABORATION:
The degree of collaboration between the patient and the therapist in the current session was:
☐ Low
☐ Medium
☐ High
 If a therapeutic alliance measure was given, please report results here.

MOTIVATIONAL ASSESSMENT:
☒ If therapist assessed motivation and/or applied motivational enhancement strategies please indicate and describe below:
 Comment:

ADDITIONAL SESSION INFORMATION
 Check to add information regarding: session content and reactions; level of engagement; MSE factors; SI/RI evaluation; STD; cultural and spiritual influences.

☒ Reactions to Session Content:

☒ Level of Engagement:

☒ Mental Status Factors:

CONTENT CHALLENGING BELIEFS WORK, CPT 9 CONTENT POWER/CONTROL INFO, CPT 9 CONTENT TRUST REVIEW, CPT MOTIVATION ASSESSED

* Indicates a Required Field

FIGURE 67 - CPT 9 SCREENSHOT #4

Reminder Dialog Template: CPT 9 Trust

☒ Mental Status Factors:

☒ Pericidal/Homicidal Ideation Evaluation:

☒ Substance Abuse:

☒ Cultural Influences:

☒ Spiritual Influences:

ENTER TIME/DATE NEXT SESSION
☒ Next session scheduled for:

CONTENT CHALLENGING BELIEFS WORK, CPT 9 CONTENT POWER/CONTROL INFO, CPT 9 CONTENT TRUST REVIEW, CPT MOTIVATION ASSESSED

* Indicates a Required Field

13.10.CPT 10 Power Phase

FIGURE 68 - CPT 10 SCREENSHOT #1

Reminder Dialog Template: CPT 10 Power

Cognitive Processing Therapy: Power/Control Session - Individual

TIME IN SESSION

(in minutes)

SESSION NUMBER:

☐ 9

☐ 10

☐ 11

SESSION FORMAT:

☐ Face-to-Face Session

☐ Telephone Session

☐ Video Telehealth Session

☐ Other Session Type

SESSION LOCATION:

☐ Community Living Center

☐ CBOC

☐ Domiciliary

☐ Inpatient Mental Health

☐ OHS/OTF Clinic

☐ Mental Health Clinic

☐ MHS Residential Rehabilitation Treatment Program (RTRP)

☐ MHCIM

☐ Patient Residence - Home Based Primary Care

☐ Patient Residence - Other

☐ PTSD Clinical Team

☐ Primary Care

☐ Substance Use Disorder Clinic

Valid Info Refresh Cancel

Cognitive Processing Therapy: Power/Control Session - Individual

TIME IN SESSION:

SESSION NUMBER:

Session Format: CPT 10 COGNITIVE PROCESSING POWER

*Indicates a Required Field

FIGURE 69 - CPT 10 SCREENSHOT #2

Reminder Dialog Template: CPT 10 Power

☐ PBOC/Day Treatment

☐ Community/Out-VA

☐ Other

DIAGNOSIS:

☐ Primary Diagnosis (focus of visit): PTSD

☐ Primary Diagnosis (if not PTSD):

☐ Secondary Diagnosis (if applicable):

ASSESSMENT:

Date: 07/13/2011 09:27 Instrument: Raw Trans Score

PCL-C 35 Total

Check here to place scores in note.

PCL-C

Perform PCL-C

SESSION CONTENT

The Veteran completed the Power and Control session of the Cognitive Processing Therapy (CPT) protocol. The following therapeutic components were completed:

(Check all that apply, provide explanation as needed. If items skipped/not completed, discuss how will be addressed)

☒ Therapist and patient reviewed patient's completed Challenging Beliefs Worksheets to challenge stuck points and generate alternative beliefs.

Comment:

☒ Therapist and patient discussed the Power/Control handout and reviewed any Power/Control worksheets the patient did for their practice assignment.

Comment:

☒ Therapist introduced Ways of Giving and Receiving Power handout and asked the patient to discuss the ways they may do both of these positively and negatively.

Comment:

☒ Therapist assisted patient in challenging beliefs generated by patient in session using the Challenging Beliefs Worksheet.

Valid Info Refresh Cancel

CONTENT POWER/CONTROL REVIEW CPT 10 CONTENT WAYS OF GIVING

*Indicates a Required Field

FIGURE 70 - CPT 10 SCREENSHOT #3

Reminder Dialog Template: CPT 10 Power

☒ Therapist assisted patients in challenging beliefs generated by patient in session using the Challenging Beliefs Worksheet.

☒ Therapist introduced the Etesa module and asked the patient to review the handout before the next session.

☒ Patient was asked to complete one Challenging Beliefs worksheet each day, with at least one sheet on Etesa.

☒ Patient was asked to practice giving and receiving compliments each day.

COLLABORATION:
The degree of collaboration between the patient and the therapist in the current session was:

☐ Low

☐ Medium

☐ High

☐ If a therapeutic alliance measure was given, please report results here.

MOTIVATIONAL ASSESSMENT:
☒ If therapist assessed motivation and/or applied motivational enhancement strategies please indicate and describe below:

Comment:

ADDITIONAL SESSION INFORMATION:
Check to add information regarding: session content and reactions; level of engagement; MSE factors; ST/ST evaluation; STD; cultural and spiritual influences.

☒ Reactions to Session Content:

☒ Level of Engagement:

☒ Mental Status Factors:

CONTENT CHALLENGING BELIEFS WORK, CPT 10 CONTENT COMPLIMENTS HW/HW, CPT 10 CONTENT ESTEEM INTRO, CPT 10 CONTENT POWER/CONTROL REVIEW, CPT 10 CONTENT WAYS OF GIVING, CPT MOTIVATION ASSESSED

* Indicates a Required Field

FIGURE 71 - CPT 10 SCREENSHOT #4

Reminder Dialog Template: CPT 10 Power

☒ Mental Status Factors:

☒ Suicidal/Homicidal Ideation Evaluation:

☒ Substance Abuse:

☒ Cultural Influences:

☒ Spiritual Influences:

ENTER TIME/DATA NEXT SESSION:
☒ Next session scheduled for:

CONTENT CHALLENGING BELIEFS WORK, CPT 10 CONTENT COMPLIMENTS HW/HW, CPT 10 CONTENT ESTEEM INTRO, CPT 10 CONTENT POWER/CONTROL REVIEW, CPT 10 CONTENT WAYS OF GIVING, CPT MOTIVATION ASSESSED

* Indicates a Required Field

13.11.CPT 11 Esteem Phase

FIGURE 72 - CPT 11 SCREENSHOT #1

Reminder Dialog Template: CPT 11 Esteem

Cognitive Processing Therapy: Esteem Session - Individual

TIME IN SESSION: [in minutes]

SESSION NUMBER:

10
11
12

SESSION FORMAT:

Face-to-Face Session
Telephone Session
Video Telehealth Session
Other Session type

SESSION LOCATION:

Community Living Center
CBOC
Domiciliary
Inpatient Mental Health
OP/OTF Clinic
Mental Health Clinic
MHS Residential Rehabilitation Treatment Program (RTRP)
NHC
Patient Residence - Home Based Primary Care
Patient Residence - Other
PTSD Clinical Team
Primary Care
Substance Use Disorder Clinic

Valid Info Fresh Cancel

Cognitive Processing Therapy: Esteem Session - Individual

TIME IN SESSION:

SESSION NUMBER:

Session: CPT 11 COGNITIVE PROCESSING ESTEEM

Indicates a Required Field

FIGURE 73 - CPT 11 SCREENSHOT #2

Reminder Dialog Template: CPT 11 Esteem

996C/Day Treatment
Community/Non-VA
Other

DIAGNOSIS:

Primary Diagnosis (focus of visit): PTSD
Primary Diagnosis (if not PTSD):
Secondary Diagnosis (if applicable):

ASSESSMENT:

Date	Instrument	Raw	Transform Scale
07/12/2011 09:27	PCIC	35	Total

Check here to place scores in note.

PCIC-C
Perform PCIC

SESSION CONTENT

The Veteran completed the Esteem Session of the Cognitive Processing Therapy (CPT) protocol. The following therapeutic components were completed. (Check all that apply, provide explanation as needed. If items skipped/not completed, discuss how will be addressed)

Therapist and patient reviewed patient's completed Challenging Beliefs Worksheets to challenge stuck points and generate alternative beliefs.

Therapist and patient discussed the Esteem handout and reviewed any Esteem worksheets the patient did for their practice assignment.

Therapist assisted patient in challenging beliefs generated by patient in session using the Challenging Beliefs Worksheet.

Therapist introduced the Intimacy module and asked the patient to review the handout before the next session.

Patient was asked to complete one Challenging Beliefs worksheet each day, with at least one sheet on Intimacy.

Patient was asked to rewrite their Impact Statement with a focus on what they believe now.

Valid Info Fresh Cancel

CONTENT CHALLENGING BELIEFS WORK, CPT 11 CONTENT ESTEEM REVIEW, CPT 11 CONTENT IMPACT REWRITE HWWRK, CPT 11 CONTENT INTIMACY INTRO

Indicates a Required Field

Reminder/Consent Templates CPT 11 Content

SECRET 11 CPT 111 CORRELATION #13

☐ Patient was asked to rewrite their Impact Statement with a focus on what they believe now.

COLLABORATION:

The degree of collaboration between the patient and the therapist in the current session was:

☐ Low

☐ Medium

☐ High

☐ If a therapeutic alliance measure was given, please report results here.

MOTIVATIONAL ASSESSMENT:

☐ If therapist assessed motivation and/or applied motivational enhancement strategies please indicate and describe below:

ADDITIONAL SESSION INFORMATION

Check to add information regarding: session content and reactions; level of engagement; MSE factors; II/III evaluation; RUD; cultural and spiritual influences.

☐ Reactions to Session Content:

☐ Level of Engagement:

☐ Medical Status Factors:

☐

CONTENT CHALLENGING BELIEFS WORK, CPT 11 CONTENT ESTEEM REVIEW, CPT 11 CONTENT IMPACT REWRITE HMWRK, CPT 11 CONTENT INTIMACY INTRO

*Indicates a Required Field

Reminder Dialog Templates CPT 11 Esteem

☒ Mental Status Factors: [Redacted]

☒ Perceived/Minimized Ideation Evaluation: [Redacted]

☒ Substance Abuse: [Redacted]

☒ Cultural Influences: [Redacted]

☒ Spiritual Influences: [Redacted]

ENTER TIME/DATE NEXT SESSION

☒ Next session scheduled for: [Redacted]

[View Info] [Finish] [Cancel]

CONTENT CHALLENGING BELIEFS WORK, CPT 11 CONTENT ESTEEM REVIEW, CPT 11 CONTENT IMPACT REWRITE HNWWR, CPT 11 CONTENT INTIMACY INTRO

13.12.CPT 12 Final Phase

FIGURE 76 - CPT 12 SCREENSHOT #1

Reminder Dialog Template: CPT 12 Final

Cognitive Processing Therapy: Individual Final

TIME IN SESSION
(in minutes)

Session number:

☐ 11
☐ 12
☐ 13
☐ 14
☐ 15

SESSION FORMAT

☐ Face-to-Face Session
☐ Telephone Session
☐ Video Telehealth Session
☐ Other Session Type

SESSION LOCATION:

☐ Community Living Center
☐ CBOC
☐ Domiciliary
☐ Inpatient Mental Health
☐ OOP/OTF Clinic
☐ Mental Health Clinic
☐ MHS Residential Rehabilitation Treatment Program (RRTP)
☐ MHCIM
☐ Patient Residence - Home Based Primary Care
☐ Patient Residence - Other
☐ PTSD Clinical Team

Valid Info Finish Cancel

Cognitive Processing Therapy: Individual Final

TIME IN SESSION

CPT session number:

HealthFactor: CPT 12 COGNITIVE PROCESSING FINAL

*Indicates a Required Field

FIGURE 77 - CPT 12 SCREENSHOT #2

Reminder Dialog Template: CPT 12 Final

☐ PTSD Clinical Team
☐ Primary Care
☐ Substance Use Disorder Clinic
☐ PBOC/Day Treatment
☐ Community/Res-VA
☐ Other

DIAGNOSES

☒ Primary Diagnosis (focus of visit): PTSD

☒ Primary Diagnosis (if not PTSD):

☒ Secondary Diagnosis (if applicable):

ASSESSMENT:

Date: 07/13/2011 09:27 Instrument: PCLC Raw: 35 Trans: 35 Total: 35

☐ Check here to place scores in note.

PCL-C

Perform PCLC

SESSION CONTENT

The Veteran completed the Intimacy Session of the Cognitive Processing Therapy (CPT) protocol. The following therapeutic components were completed:
(Check all that apply, provide explanation as needed. If items shipped/not completed, discuss how will be addressed)

☒ Therapist and patient reviewed patient's completed Challenging Beliefs Worksheets to challenge stuck points and generate alternative beliefs.

Comment:

☒ Therapist and patient discussed the Intimacy handout and reviewed any Intimacy worksheets the patient did for their practice assignment.

Comment:

Valid Info Finish Cancel

HealthFactor: CPT 12 COGNITIVE PROCESSING FINAL CPT 12 CONTENT CHALLENGING BELIEF REVIEW CPT 12 CONTENT INTIMACY REVIEW

*Indicates a Required Field

FIGURE 78 - CPT 12 SCREENSHOT #3

Reminder Dialog Template: CPT 12 Final

☐ Therapist and patient discussed the Intimacy handout and reviewed any Intimacy worksheets the patient did for their practice assignment.
☒ Patient read their new impact statement.
☐ Therapist read the old impact statement and patient and therapist discussed the difference between the two statements, noting changes in cognitions and feelings.
☐ Patient was encouraged to continue using newly developed skills (e.g., what worked, how patient might use the skills in the future).

COLLABORATION:
 The degree of collaboration between the patient and the therapist in the current session was:
☐ Low
☐ Medium
☐ High
☐ If a therapeutic alliance measure was given, please report results here.

MOTIVATIONAL ASSESSMENT:
☐ If therapist assessed motivation and/or applied motivational enhancement strategies please indicate and describe below:

ADDITIONAL SESSION INFORMATION
 Check to add information regarding: session content and reactions; level of engagement; MRF factors; ST/RE evaluation; STD; cultural and spiritual influences.
☒ Reactions to Session Content:

☒ Level of Engagement:

Health Factors: CPT 12 COGNITIVE PROCESSING FINAL CPT 12 CONTENT IMPACT STATEMENT NEW

* Indicates a Required Field

FIGURE 79 - CPT 12 SCREENSHOT #4

Reminder Dialog Template: CPT 12 Final

☐ Level of Engagement:

☒ Mental Status Factors:

☒ Suicidal/Homicidal Ideation Evaluation:

☒ Substance Abuse:

☒ Cultural Influences:

☐ Spiritual Influences:

Health Factors: CPT 12 COGNITIVE PROCESSING FINAL CPT 12 CONTENT IMPACT STATEMENT NEW

* Indicates a Required Field

FIGURE 80 - CPT 12 SCREENSHOT #5

Reminder Dialog Templates: CPT 12 Final

☒ Substance Abuse: [Redacted]

☐ Cultural Influences:

☐ Spiritual Influences:

☒ Plan:

☒ TREATMENT COMPLETED (Describe the reason for termination of treatment) Comment: [Redacted]

☒ BOOSTER SESSIONS (Describe the reason for booster sessions and if the sessions were scheduled or will be scheduled in the future) Comment: [Redacted]

☒ SCHEDULED POST ASSESSMENT SESSION(S) (Describe the reason for additional assessment sessions) Comment: [Redacted]

☒ REFERRED FOR FURTHER EVALUATION, TREATMENT OR OTHER SERVICES (Describe the referral and reason for referral) Comment: [Redacted]

☒ Next appointment date: [Redacted]

☒ Patient agreed with the above plan

[Get Info] [Finish] [Cancel]

12 PLAN PT AGREE CPT 12 PLAN REFERRAL CPT 12 PLAN TREATMENT COMPLETE

* Indicates a Required Field

14. Appendix C: CBT Screenshots

This appendix will show all of the screenshots associated with Cognitive Behavioral Therapy.

CBT follows a session structure in order to make efficient use of time, ensure that goals are achieved in each session, and maintain a thread across sessions so that progress is made toward longer-term goals. The components of CBT session structure include (a) a brief mood check, (b) a bridge from the previous session, (c) the setting of an agenda, (d) a review of the previous session's homework assignment, (e) a discussion of agenda items, (f) periodic summaries, (g) a homework assignment, and (h) a final summary and feedback

14.1. CBT 1 Initial Phase

FIGURE 81 - CBT 1 SCREENSHOT #1

Reminder Dialog Template: CBT Initial

Cognitive Behavioral Therapy: Initial Phase - Individual

TIME IN SESSION (in minutes) 15

SESSION NUMBER

☒ 1

☐ 2

☐ 3

SESSION FORMAT

☒ Face-to-face session

☐ Telephone session

☐ Video telehealth session

☐ Other session type

SESSION LOCATION

☐ Community Living Center

☐ CHOC

☐ Domiciliary

☐ Inpatient Mental Health

☐ OHP/OTF clinic

☒ Mental Health Clinic

☐ MH Residential Rehabilitation Treatment Program (RRT)

☐ MHICM

☐ Patient residence - Hospital Based Home Care (HBHC)

Valid Info Finish Cancel

Health Factor: CBT 1 COGNITIVE BEHAVIORAL INITIAL CBT LOCATION MHIC CBT SESSION FACE TO FACE CBT SESSION NUMBER 1

*Indicates a Required Field

FIGURE 82 - CBT 1 SCREENSHOT #2

Reminder Dialog Template: CBT Initial

☒ Mental Health Clinic

☐ MH Residential Rehabilitation Treatment Program (RRT)

☐ MHICM

☐ Patient residence - Hospital Based Home Care (HBHC)

☐ Patient residence - other

☐ PTSD clinical team

☐ Primary Care

☐ Substance Use Disorder (SUD) clinic

☐ PPD/Day Treatment

☐ Community/Out-VA

☐ Other location

DIAGNOSIS

☐ Primary Diagnosis (focus of visit):

☐ Secondary Diagnosis (if applicable):

ASSESSMENT

BDI - II

PHYSICIAN BDI

☒ Enter name/initials of any additional assessment measures: Measures:

SESSION CONTENT

SOCIALIZATION TO CBT

☒ Provided a brief description of CBT and how CBT relates to the treatment goals.

☐ Provided information about the efficacy of CBT.

Valid Info Finish Cancel

Health Factor: CBT 1 COGNITIVE BEHAVIORAL INITIAL CBT 1 CONTENT DESCRIBE CBT LOCATION MHIC CBT SESSION FACE TO FACE CBT SESSION NUMBER 1

*Indicates a Required Field

FIGURE 83 - CBT 1 SCREENSHOT #3

Reminder Dialog Template: CBT Initial

SOCIALIZATION TO CBT

- ☒ Provided a brief description of CBT and how CBT relates to the treatment goals.
- ☐ Provided information about the efficacy of CBT.
- ☐ Described prioritized agenda setting.
- ☐ Described how the BDI (Beck Depression Inventory)-II will be completed and scored for each session.
- ☐ Describe how homework will be assigned and discussed each session.
- ☐ Reviewed the length (16 sessions) and frequency (weekly or biweekly) of treatment.

TREATMENT GOALS

- ☐ Patient's presenting problem:
- ☐ Treatment goals:
- ☐ Case conceptualization:

NUTRITIONAL ENHANCEMENT

- ☐ Identified short-term goals in several areas of functioning.
- ☐ Identified the consequences or impact of depression (or other symptoms).
- ☐ Identified the benefits of reducing the severity of the depression.
- ☐ Assessed attitudes and expectations for therapy.
- ☐ Assessed any barriers to attending therapy and assisted the patient in problem-solving these barriers.

COLLABORATION

The degree of collaboration between the patient and the therapist in the current session was:

☐ Low

☐ Medium

☐ High

Valid Info Fresh Cancel

Health Factors: CBT 1 COGNITIVE BEHAVIORAL INITIAL, CBT 1 CONTENT DESCRIBE, CBT LOCATION MHC, CBT SESSION FACE TO FACE, CBT SESSION NUMBER 1

*Indicates a Required Field

FIGURE 84 - CBT 1 SCREENSHOT #4

Reminder Dialog Template: CBT Initial

COLLABORATION

The degree of collaboration between the patient and the therapist in the current session was:

☐ Low

☐ Medium

☐ High

☐ If a therapeutic alliance measure was given, please report results here.

HOMEWORK ASSIGNMENT

- ☐ The homework assignment for this session was:
- ☐ The homework assignment and goal of the assignment was written down.
- ☐ The therapist inquired about patient's understanding of the homework assignment and its rationale.
- ☐ Therapist and patient discussed the likelihood that the patient will do the homework.
- ☐ Specific roadblocks or challenges for doing the homework were discussed.

ADDITIONAL SESSION INFORMATION

Check to add information regarding: session content and reactions; level of engagement; BDI factors; SI/NI evaluation; PTSD; cultural and spiritual influences.

- ☐ Reactions to session content:
- ☐ Level of engagement:
- ☐ Mental status factors:
- ☐ Suicidal/homicidal ideation evaluation:
- ☐ Substance abuse:
- ☐ Cultural influences:
- ☐ Spiritual influences:

Valid Info Fresh Cancel

GOALS: CBT LOCATION MHC, CBT SESSION FACE TO FACE, CBT SESSION NUMBER 1

*Indicates a Required Field

FIGURE 85 - CBT 1 SCREENSHOT #5

Reminder Dialog: Template: CBT Initial

ADDITIONAL SESSION INFORMATION

Check to add information regarding: session content and reactions; level of engagement; MSE factors; ST/MI evaluation; STD; cultural and spiritual influences.

☒ Reactions to session content:

☒ Level of engagement:

☐ Mental status factors:

☐ Suicidal/Homicidal ideation evaluation:

☐ Substance abuse:

☐ Cultural influences:

☐ Spiritual influences:

FINAL SUMMARY AND FEEDBACK

☐ Patient identified the following elements as helpful during the session:

☐ Patient expressed the following concerns about the session:

ENTER TIME/DATE NEXT SESSION

☒ Next session scheduled for:

Visit Info Fresh Cancel

GOALS: CBT LOCATION MHC, CBT SESSION FACE TO FACE, CBT SESSION NUMBER 1

*Indicates a Required Field

14.2. CBT 2 Middle Phase

During the middle phase of treatment, the patient and therapist work together to address the treatment goals established in the initial sessions in a systematic, strategic manner.

FIGURE 86 - CBT 2 SCREENSHOT #1

Reminder Dialog: Template: CBT Middle

Cognitive Behavioral Therapy: Middle Phase - Individual

TIME IN SESSION

(in minutes) 55

SESSION NUMBER

☐ 2

☐ 3

☐ 4

☐ 5

☐ 6

☐ 7

☒ 8

☐ 9

☐ 10

☐ 11

☐ 12

☐ 13

☐ 14

☐ 15

☐ 16

☐ 17

☐ 18

☐ 19

Visit Info Fresh Cancel

Health Factors: CBT 2 COGNITIVE BEHAVIORAL MIDDLE, CBT SESSION NUMBER 8

*Indicates a Required Field

FIGURE 87 - CBT 2 SCREENSHOT #2

Reminder Dialog Template: CBT Middle

SESSION FORMAT

- ☒ Face-to-face session
- ☐ Telephone session
- ☐ Video telehealth session
- ☐ Other session type

SESSION LOCATION

- ☐ Community Living Center
- ☐ CHOC
- ☐ Outpatient
- ☒ Outpatient Mental Health
- ☐ OHSU/OUF clinic
- ☐ Mental Health Clinic
- ☐ MH Residential Rehabilitation Treatment Program (RTRP)
- ☐ MHSC
- ☐ Patient residence - Hospital Based Home Care (HBHC)
- ☐ Patient residence - other
- ☐ PTSD clinical team
- ☐ Primary Care
- ☐ Substance Use Disorder (SUD) clinic
- ☐ PASC/Day Treatment
- ☐ Community/MH-PA
- ☐ Other location

Valid Info Fresh Cancel

Health Factor: CBT 2 COGNITIVE BEHAVIORAL MIDDLE. CBT LOCATION INPT MH. CBT SESSION FACE TO FACE. CBT SESSION NUMBER 8

*Indicates a Required Field

FIGURE 88 - CBT 2 SCREENSHOT #3

Reminder Dialog Template: CBT Middle

Other location

DIAGNOSIS

- ☒ Primary Diagnosis (focus of visit):
- ☒ Secondary Diagnosis (if applicable):

ASSESSMENT

- ☒ Perform HPI
- ☐ Enter name/results of any additional assessment measures done

SESSION CONTENT

NOTICE FROM LAST SESSION

- ☒ Therapist inquired about what the patient found important or helpful from the last session and any patient concerns about the last session.
- ☒ Therapist inquired about the degree to which the homework was completed and what was learned from the homework assessment.

PRIORITIZED AGENDA

Describe the prioritized agenda that was collaboratively developed with the patient. Any issues related to suicide risk or noncompliance with treatment have a higher priority.

- ☐ The therapist and patient collaboratively developed a prioritized agenda.

COGNITIVE AND BEHAVIORAL STRATEGIES USED DURING SESSION

- ☒ BEHAVIORAL STRATEGIES
- ☐ Identified key behaviors
- ☐ Activity monitoring

Valid Info Fresh Cancel

FACE TO FACE. CBT SESSION NUMBER 8

*Indicates a Required Field

FIGURE 89 - CBT 2 SCREENSHOT #4

Reminder Dialog Template: CBT Middle

Describe the prioritized agenda that was collaboratively developed with the patient. Any issues related to suicide risk or noncompliance with treatment have a higher priority.

☒ The therapist and patient collaboratively developed a prioritized agenda. Comment:

COGNITIVE AND BEHAVIORAL STRATEGIES USED DURING SESSION

☒ **BEHAVIORAL STRATEGIES**

- ☐ Identified key behaviors
- ☐ Activity monitoring
- ☐ Identified pleasant or meaningful activities
- ☐ Activity scheduling
- ☐ Behavioral Activation
- ☐ Graded task assignment
- ☒ Cognitive rehearsal
- ☐ Distraction technique
- ☐ Guided imagery
- ☐ Progressive Muscle Relaxation
- ☐ Breathing retraining
- ☐ Meditative breathing
- ☐ Role play/modeling
- ☐ Safety planning
- ☐ Other behavioral strategies:
- ☐ Patient response to behavioral strategies

☐ **COGNITIVE STRATEGIES**

CBT LOCATION INPT MH CBT SESSION FACE TO FACE CBT SESSION NUMBER 8

*Indicates a Required Field

FIGURE 90 - CBT 2 SCREENSHOT #5

Reminder Dialog Template: CBT Middle

HOMEWORK ASSIGNMENT

- ☐ The homework assignment for this session was:
- ☐ The homework assignment and goal of the assignment was written down.
- ☐ The therapist inquired about patient's understanding of the homework assignment and its rationale.
- ☐ Therapist and patient discussed the likelihood that the patient will do the homework.
- ☐ Specific roadblocks or challenges for doing the homework were discussed.

MOTIVATIONAL ASSESSMENT

☐ If therapist assessed motivation and/or applied motivational enhancement strategies please indicate and describe below:

ADDITIONAL SESSION INFORMATION

Check to add information regarding: session content and reactions; level of engagement; RRS factors; SI/RII evaluation; PUD; cultural and spiritual influences.

- ☐ Reactions to session content:
- ☐ Level of engagement:
- ☐ Mental status factors:
- ☐ Suicidal/Homicidal ideation evaluation:
- ☐ Substance abuse:
- ☐ Cultural influences:
- ☐ Spiritual influences:

FINAL SUMMARY AND FEEDBACK

- ☐ Patient identified the following elements as helpful during the session:
- ☐ Patient expressed the following concerns about the session:

ENTER TIME/DATE NEXT SESSION

☒ Next session scheduled for:

Health Factors: CBT 2 COGNITIVE BEHAVIORAL MIDDLE CBT CONTENT BEHAV COG REHEARSAL CBT CONTENT BRIDGE HELPFUL CBT CONTENT BRIDGE HMMWR CBT LOCATION INPT MH CBT SESSION FACE TO FACE CBT SESSION NUMBER 8

*Indicates a Required Field

14.3. CBT 3 Final Phase

The main focus during the later phase of this treatment is to evaluate patients' progress toward their treatment goals and whether they have learned and can apply specific skills that may help to reduce or prevent a relapse of depression

FIGURE 91 - CBT 3 SCREENSHOT #1

FIGURE 92 - CBT 3 SCREENSHOT #2

FIGURE 93 - CBT 3 SCREENSHOT #3

Reminder Dialog Template: CBT Final

☐ If a therapeutic alliance measure was given, please report results here.

SESSION CONTENT

BRIDGE FROM LAST SESSION

☐ Therapist inquired about what the patient found important or helpful from the last session and any patient concerns about the last session.

☐ Therapist inquired about the degree to which the homework was completed and what was learned from the homework assessment.

PRIORITIZED AGENDA

Describe the prioritized agenda that was collaboratively developed with the patient. Any issues related to suicide risk or noncompliance with treatment have a higher priority.

☐ The therapist and patient collaboratively developed a prioritized agenda.

PROGRESS TOWARD GOALS

☐ Patient progress in treatment, overall and in relation to specific goals

☐ Impact of therapy on patient's functioning:

☐ Patient appears to be less depressed based on the following...

REVIEW AND CONSOLIDATION OF SKILLS

☐ BEHAVIORAL STRATEGIES
Patient found the following behavioral strategies most useful:

☐ COGNITIVE STRATEGIES
Patient found the following cognitive strategies most useful:

MOTIVATIONAL ASSESSMENT

☐ If therapist assessed motivation and/or applied motivational enhancement strategies please indicate and describe below:

ADDITIONAL SESSION INFORMATION

Check to add information regarding: session content and reactions, level of engagement, RRS factors, SI/RI evaluation, SUD, cultural and spiritual influences.

☐ Debrief to session content:

Validate Finish Cancel

HealthFactor: CBT 3 COGNITIVE BEHAVIORAL FINAL CBT SESSION FACE TO FACE CBT SESSION NUMBER 12

*Indicates a Required Field

FIGURE 94 - CBT 3 SCREENSHOT #4

Reminder Dialog Template: CBT Final

☐ If therapist assessed motivation and/or applied motivational enhancement strategies please indicate and describe below:

ADDITIONAL SESSION INFORMATION

Check to add information regarding: session content and reactions, level of engagement, RRS factors, SI/RI evaluation, SUD, cultural and spiritual influences.

☐ Debrief to session content:

☐ Level of engagement:

☒ Mental status factors:

☐ Suicidal/Homicidal ideation evaluation:

☐ Substance abuse:

☐ Cultural influences:

☐ Spiritual influences:

PLAN

☐ Treatment completed
(Describe the reason for the termination of treatment)

☐ Booster sessions
(Describe the reason for booster sessions and if the sessions were scheduled or will be scheduled in the future)

☐ Scheduled post assessment sessions
(Describe the reason for additional assessment sessions)

☐ Referred for further evaluation, treatment or other services
(Describe the referral and reason for referral)

☐ Patient agreed with above plan
(Provide any additional information about the plan)

ENTER TIME/DATE NEXT SESSION

Validate Finish Cancel

HealthFactor: CBT 3 COGNITIVE BEHAVIORAL FINAL CBT SESSION FACE TO FACE CBT SESSION NUMBER 12

*Indicates a Required Field

15. Appendix D: ACT Screenshots

This appendix will show all of the screenshots associated with Acceptance and Commitment Therapy.

15.1. ACT 1 Beginning Phase

FIGURE 95 - ACT 1 SCREENSHOT #1

Reminder Dialog Template: ACT Beginning

Acceptance and Commitment Therapy (ACT) for Depression - Beginning Phase

☒ Time in session (time in minutes): 55

SESSION NUMBER

☐ 1

☐ 2

☒ 3

☐ 4

☐ 5

SESSION FORMAT

☒ Face-to-Face Session

☐ Telephone Session

☐ Video Telehealth Session

☐ Other Session type

SESSION LOCATION:

☐ Community Living Center

☐ CHOC

☐ Outpatient

☐ Inpatient Mental Health

☐ ERP/ERP Clinic

☒ Mental Health Clinic

☐ MH Residential Rehabilitation Treatment Program (RRTT)

☐ MHC

Get Info Fresh Cancel

Health Factors: ACT 1 ACCEPT AND COMMIT BEGIN PHASE, ACT LOCATION MHC, ACT SESSION FACE-TO-FACE, ACT SESSION NUMBER 3, ACT TIME IN SESSION

*Includes a Required Field

FIGURE 96 - ACT 1 SCREENSHOT #2

Reminder Dialog Template: ACT Beginning

Acceptance and Commitment Therapy (ACT) for Depression - Beginning Phase

☒ Mental Health Clinic

☐ MH Residential Rehabilitation Treatment Program (RRTT)

☐ MHC

☐ Patient Residence - Home Based Primary Care

☐ Patient Residence - Other

☐ PTSD Clinical Team

☐ Primary Care

☐ Substance Use Disorder Clinic

☐ PBC/Day Treatment

☐ Community/Non-VA

☐ Other

DIAGNOSIS:

☒ Primary Diagnosis (focus of visit): mood

☒ Secondary Diagnosis (if applicable):

ASSESSMENT

☒ NDI - II (go to outside evaluation if indicated) Perform NDI II

☒ Other assessment instruments administered during this visit:

OTHER ASSESSMENT INSTRUMENTS

☒ Acceptance and Action Questionnaire-II (AAQ-II): Score: 11

☐ World Health Organization-Quality of Life (WHO-QOL):

☐ Working Alliance Inventory- Short Revised (WAI-SR):

Get Info Fresh Cancel

Health Factors: ACT 1 ACCEPT AND COMMIT BEGIN PHASE, ACT ASSESS AAQII, ACT LOCATION MHC, ACT SESSION FACE-TO-FACE, ACT SESSION NUMBER 3, ACT TIME IN SESSION

*Includes a Required Field

FIGURE 97 - ACT 1 SCREENSHOT #3

Reminder Dialog Template: ACT Beginning

☐ World Health Organization-Quality of Life (WHO-QOL):
☐ Working Alliance Inventory- Short Revised (WAI-SR):
☐ 5-Facet Mindfulness Scale
☐ Assessment Results:

Session Content: In this beginning phase session of ACT for Depression, the following therapeutic activities were performed:

Session Content:

☒ Provided the Veteran with an overview and rationale of ACT, what to expect over the course of the treatment, and the collaborative nature of the therapeutic relationship.
☒ The goals of ACT were explained in terms of learning a new relationship with internal experience in the service of freeing oneself to pursue personal values.
☐ The following metaphors were used to assist client in understanding the treatment philosophy and purpose of ACT.
☐ Client's response to rationale:

☐ Therapist elicited client's "Life Story", or the history of his/her difficulty with personal presenting problem. This story included

LOCATION MHC. ACT SESSION FACE-TO-FACE. ACT SESSION NUMBER 3. ACT TIME IN SESSION

*Indicates a Required Field

FIGURE 98 - ACT 1 SCREENSHOT #4

Reminder Dialog Template: ACT Beginning

Session Content:

☒ Provided the Veteran with an overview and rationale of ACT, what to expect over the course of the treatment, and the collaborative nature of the therapeutic relationship.
☒ The goals of ACT were explained in terms of learning a new relationship with internal experience in the service of freeing oneself to pursue personal values.
☒ The following metaphors were used to assist client in understanding the treatment philosophy and purpose of ACT.
☒ Roller Coaster Metaphor
☐ Mud in Glass Metaphor
☐ Two Mountains Metaphor
☒ Client's response to rationale:

☒ Therapist elicited client's "Life Story", or the history of his/her difficulty with personal presenting problem. This story included

☒ Homework/Practice Assignment:

☐ Treatment Progress:

ELICITED LIFE STORY. ACT 1 CONTENT GOALS. ACT 1 CONTENT METAPHOR ROLLER COASTER. ACT 1 HOMEWORK. ACT ASSESS AAQIL. ACT LOCATION MHC. ACT SESSION FACE-TO-FACE. ACT SESSION NUMBER 3. ACT TIME IN SESSION

*Indicates a Required Field

FIGURE 99 - ACT 1 SCREENSHOT #5

Reminder Dialog Template: ACT Beginning

☒ Treatment Progress:

MOTIVATIONAL ENHANCEMENT

☒ Identified short-term goals in several areas of functioning. Comment:

☒ Identified the consequences or impact of depression (or other symptoms). Comment:

☒ Identified the benefits of reducing the severity of the depression. Comment:

☒ Assessed attitudes and expectations for therapy. Comment:

☒ Assessed any barriers to attending therapy and assisted the patient in problem-solving these barriers. Comment:

COLLABORATION:

The degree of collaboration between the patient and the therapist in the current session was:

☒ Low

☐ Medium

☐ High

☐ Results of Therapy Alliance Measure:

Validate Info Fresh Cancel

ENHANCE GOALS: ACT 1 TREATMENT PROGRESS: ACT ASSESS AAOH: ACT COLLABORATION LOW: ACT LOCATION MHC: ACT SESSION FACE-TO-FACE: ACT SESSION NUMBER 3: ACT TIME IN SESSION

*Indicates a Required Field

FIGURE 100 - ACT 1 SCREENSHOT #6

Reminder Dialog Template: ACT Beginning

☐ High

☒ Results of Therapy Alliance Measure:

ADDITIONAL SESSION INFORMATION

Check to add information regarding: session content and reactions; level of engagement; RRS factors; ST/HE evaluation; STD; cultural and spiritual influences.

☒ Reactions to Session Content:

☒ Level of Engagement:

☒ Mental Status Factors:

Validate Info Fresh Cancel

ENHANCE GOALS: ACT 1 TREATMENT PROGRESS: ACT ASSESS AAOH: ACT COLLABORATION LOW: ACT COLLABORATION THERAPEUTIC ALLIANCE: ACT LOCATION MHC: ACT SESSION FACE-TO-FACE: ACT SESSION NUMBER 3: ACT TIME IN SESSION

*Indicates a Required Field

FIGURE 101 - ACT 1 SCREENSHOT #7

Reminder Dialog Template: ACT Beginning

☐ Suicidal/Homicidal Ideation Evaluation:

☐ Substance Abuse:

☐ Cultural Influences:

☐ Spiritual Influences:

ENTER TIME/DATE NEXT SESSION

☒ Next session scheduled for:

View Info Finish Cancel

Health Factors: ACT 1 TREATMENT PROGRESS, ACT ASSESS AADQI, ACT COLLABORATION LOW, ACT COLLABORATION THERAPEUTIC ALLIANCE, ACT LOCATION MHC, ACT SESSION FACE-TO-FACE, ACT SESSION NUMBER 3, ACT TIME IN SESSION
*Indicates a Required Field

15.2. ACT 2 Action Phase

FIGURE 102 - ACT 2 SCREENSHOT #1

Reminder Dialog Template: ACT Action

Acceptance and Commitment Therapy (ACT) for Depression - Action Phase

☒ Time in session (Link in minutes):

☒ SESSION NUMBER:

☐ 3
☐ 4
☐ 5
☐ 6
☐ 7
☐ 8
☐ 9
☐ 10
☒ 11
☐ 12
☐ 13
☐ 14
☐ 15
☐ 16
☐ 17
☐ 18
☐ 19

SESSION FORMAT

☐ Face-to-Face Session
☐ Telephone Session
☐ Video Telehealth Session
☒ Other Session type:

SESSION LOCATION

☒ Community Setting Center

View Info Finish Cancel

Health Factors: ACT 2 TIME IN SESSION, ACT SESSION NUMBER 11, ACT SESSION OTHER
*Indicates a Required Field

FIGURE 103 - ACT 2 SCREENSHOT #2

Reminder Dialog Template: ACT Action

REVIEW LOCATIONS

- ☐ Community Living Centers
- ☐ CHC
- ☐ Detachiliary
- ☐ Department Mental Health
- ☐ OHS/OTF Clinic
- ☐ Mental Health Clinic
- ☐ MH Residential Rehabilitation Treatment Program (RTRP)
- ☐ MHC
- ☐ Patient Residence - Home Based Primary Care
- ☐ Patient Residence - Other
- ☐ PTSD Clinical Team
- ☐ Primary Care
- ☐ Substance Use Disorder Clinic
- ☐ SUD/OTF Treatment
- ☐ Community/MH-VA
- ☐ Other

DIAGNOSIS:

☒ Primary Diagnosis (focus of visit)

☒ Secondary Diagnosis (if applicable)

ASSESSMENT

☐ BDI - II (go to suicide evaluation if indicated)

☐ Other assessment instrument administered during this visit:

OTHER ASSESSMENT INSTRUMENTS

- ☐ Acceptance and Action Questionnaire-21 (AAQ-21)
- ☐ World Health Organization Quality of Life (WHO-QOL)
- ☐ Working Alliance Inventory- Short Formed (WAI-SF)
- ☐ 5-Facet Mindfulness Scale
- ☐ Assessment Details:

Valid Info Finish Cancel

Health Factor: ACT 2 TIME IN SESSION ACT SESSION NUMBER 11 ACT SESSION OTHER

*Indicates a Required Field

FIGURE 104 - ACT 2 SCREENSHOT #3

Reminder Dialog Template: ACT Action

ASSESSMENT

☐ BDI - II (go to suicide evaluation if indicated)

☐ Other assessment instrument administered during this visit:

OTHER ASSESSMENT INSTRUMENTS

- ☐ Acceptance and Action Questionnaire-21 (AAQ-21)
- ☐ World Health Organization Quality of Life (WHO-QOL)
- ☐ Working Alliance Inventory- Short Formed (WAI-SF)
- ☐ 5-Facet Mindfulness Scale
- ☐ Assessment Details:

Session Content:

☒ ACT Treatment Objectives for this session:

☒ The following Core Processes were facilitated in this session:

- ☐ Creative Rehearsal and Undermining Experiential Control: A therapeutic process of helping clients recognize unworkable patterns of experiential avoidance and control; and recognize the cost of unwillingness relative to valued life ends.
- ☐ Acceptance and Willingness: An alternative to experiential avoidance. This process involves active awareness of thoughts, emotions, sensations and memories, without unnecessary attempts to change their frequency or form, especially when doing so would cause psychological harm.
- ☐ Defusion: a therapeutic process of helping clients to mindfully observe their own thinking as a continuous process and to support the

Valid Info Finish Cancel

Health Factor: ACT 2 CONTENT TREATMENT OBJECTIVES ACT 2 TIME IN SESSION ACT SESSION NUMBER 11 ACT SESSION OTHER

*Indicates a Required Field

FIGURE 105 - ACT 2 SCREENSHOT #4

Reminder Dialog Template: ACT Action

Session Content:

☒ ACT Treatment Objectives for this session:

☒ The following Core Processes were facilitated in this session:

☒ Creative Hopelessness and Undermining Experiential Control: A therapeutic process of helping clients recognize unworkable patterns of experiential avoidance and control; and recognize the cost of unwillingness relative to valued life mode.

CREATIVE HOPELESSNESS

☒ Chinese Mandarins Metaphor

☐ Jeremiad in a Hole

☐ Dog of War with a Monster

☐ Giving the struggle a name: excessive or misapplied control

☒ What are the Numbers Exercise

☒ Vanilla Ice cream/Filly Donut Exercise

☐ Fall in Love Exercise

☐ Other Creative Hopelessness exercise

☒ Description of in-session processes related to hopelessness and undermining experiential control that were discussed:

☐ Acceptance and Willingness: An alternative to experiential avoidance. This process involves active awareness of thoughts, emotions, sensations and memories, without unnecessary attempts to change their frequency or form, especially when doing so would cause psychological harm.

☐ Homework/Practice Assignment

Validate Finish Cancel

ACT 2 CONTENT TREATMENT OBJECTIVES ACT 2 TIME IN SESSION ACT SESSION NUMBER 11 ACT SESSION OTHER

* Indicates a Required Field

FIGURE 106 - ACT 2 SCREENSHOT #5

Reminder Dialog Template: ACT Action

☒ Acceptance and Willingness: An alternative to experiential avoidance. This process involves active awareness of thoughts, emotions, sensations and memories, without unnecessary attempts to change their frequency or form, especially when doing so would cause psychological harm.

ACCEPTANCE

☐ Eyes on Exercise

☐ Two Scales Metaphor

☐ See the Bus Metaphor

☐ Instant Anxiety Detachment Machine/Polypgraph Metaphor

☒ Feeding the Tiger Metaphor

☐ Feedback Scream Metaphor

☐ Other Acceptance and Willingness exercise

☒ Description of in-session processes related to acceptance and willingness that were discussed:

☐ Defusion: a therapeutic process of helping clients to mindfully observe their own thinking as a continuous process and to support the client in detaching from thoughts held too literally. Through this process clients learn a new and less problematic relationship with thinking.

☐ Contact with Present Moment: Therapeutic process of helping clients to directly, fully, and mindfully contact the "here and now", including both sensory contact with the external world and contact with internal processes of thinking, feeling and remembering.

☐ Self as Context: Therapeutic process of working with clients to establish a conscious observing self that is guided to observe thoughts and emotions as ongoing experiences which make up the content of his/her life.

☐ Clarifying Values: a therapeutic process of helping clients identify and connect with core personal values that bring meaning, purpose and fulfillment to their lives. Values are seen as chosen life directions that serve to guide one's actions.

☐ Committed Action: A therapeutic process that focuses on behavioral change needed to achieve concrete goals in the service of defined values.

☐ Homework/Practice Assignment

Validate Finish Cancel

HANDOUTS: ACT 2 CONTENT CREATIVE ICE CREAM ACT 2 CONTENT CREATIVE OTHER ACT 2 CONTENT CREATIVE PERSON ACT 2 CONTENT TREATMENT OBJECTIVES, ACT 2 TIME IN SESSION ACT SESSION NUMBER 11 ACT SESSION OTHER

* Indicates a Required Field

FIGURE 107 - ACT 2 SCREENSHOT #6

Reminder Dialog Template: ACT Action

☒ Homework/Practice Assignment: 11pt:

☒ Treatment Progress:

COLLABORATION:
The degree of collaboration between the patient and the therapist in the current session was:
☐ Low
☐ Medium
☐ High
☐ Results of Therapy Alliance Measure:

MOTIVATIONAL ASSESSMENT
☐ If therapist assessed motivation and/or applied motivational enhancement strategies please indicate and describe below:

ADDITIONAL SESSION INFORMATION
 Check to add information regarding: session content and reactions; level of engagement; MSE factors; SI/SE evaluation; STD; cultural and spiritual influences.
☐ Reactions to Session Content:

☐ Level of Engagement:

Valid Info Finish Cancel

HANDOFFS: ACT 2 CONTENT CREATIVE ICE CREAM ACT 2 CONTENT CREATIVE OTHER ACT 2 CONTENT CREATIVE PERSON ACT 2 CONTENT TREATMENT OBJECTIVES, ACT 2 HOMEWORK, ACT 2 TIME IN SESSION ACT 2 TREATMENT PROGRESS, ACT SESSION NUMBER 11, ACT SESSION OTHER
*Indicates a Required Field

FIGURE 108 - ACT 2 SCREENSHOT #7

Reminder Dialog Template: ACT Action

☐ If therapist assessed motivation and/or applied motivational enhancement strategies please indicate and describe below:

ADDITIONAL SESSION INFORMATION
 Check to add information regarding: session content and reactions; level of engagement; MSE factors; SI/SE evaluation; STD; cultural and spiritual influences.
☒ Reactions to Session Content:
☐ Level of Engagement:
☐ Mental Status Factors:
☐ Suicidal/Homicidal Ideation Evaluation:
☐ Substance Abuse:

Valid Info Finish Cancel

HANDOFFS: ACT 2 CONTENT CREATIVE ICE CREAM ACT 2 CONTENT CREATIVE OTHER ACT 2 CONTENT CREATIVE PERSON ACT 2 CONTENT TREATMENT OBJECTIVES, ACT 2 HOMEWORK, ACT 2 TIME IN SESSION ACT 2 TREATMENT PROGRESS, ACT SESSION NUMBER 11, ACT SESSION OTHER
*Indicates a Required Field

FIGURE 109 - ACT 2 SCREENSHOT #8

Reminder Dialog Template: ACT Action

Mental Status Factors:

☐ Suicidal/Homicidal Ideation Evaluation:

☐ Substance Abuse:

☐ Cultural Influences:

☐ Spiritual Influences:

ENTER TIME/DATE NEXT SESSION

☒ Next session scheduled for:

Find Info Finish Cancel

HANDOUTS: ACT 2 CONTENT CREATIVE ICE CREAM, ACT 2 CONTENT CREATIVE OTHER, ACT 2 CONTENT CREATIVE PERSON, ACT 2 CONTENT TREATMENT OBJECTIVES, ACT 2 HOMEWORK, ACT 2 TIME IN SESSION, ACT 2 TREATMENT PROGRESS, ACT SESSION NUMBER 11, ACT SESSION OTHER

*Indicates a Required Field

15.3. ACT 3 Closing Phase

FIGURE 110 - ACT 3 SCREENSHOT #1

Reminder Dialog Template: ACT Closing

Acceptance and Commitment Therapy (ACT) for Depression - Closing Phase

☒ Time in session (time in minutes): 55

☐ SESSION NUMBER:

☐ SESSION FORMAT

☐ Face-to-Face Session

☐ Telephone Session

☐ Video Telehealth Session

☐ Other Session type

☐ SESSION LOCATION:

☐ Community Living Center

☐ CHOC

☐ Domiciliary

☐ Inpatient Mental Health

☒ OUP/OLP Clinic

☐ Mental Health Clinic

☐ MH Residential Rehabilitation Treatment Program (RRT)

☐ MHC

☐ Patient Residence - Home Based Primary Care

☐ Patient Residence - Other

☐ PTSD Clinical Team

☐ Primary Care

☐ Substance Use Disorder Clinic

Find Info Finish Cancel

Health Factors: ACT LOCATION OUP/OLP, ACT SESSION FACE-TO-FACE, ACT TIME IN SESSION

*Indicates a Required Field

FIGURE 111 - ACT 3 SCREENSHOT #2

Reminder Dialog Template: ACT Closing

☐ Substance Use Disorder Clinic
☐ PBOC/Day Treatment
☐ Community/Non-PA
☐ Other

DIAGNOSIS:
☒ Primary Diagnosis (focus of visit):
☒ Secondary Diagnosis (if applicable):

ASSESSMENT
☐ BDI - II (go to suicide evaluation if indicated)
☒ Other assessment instruments administered during this visit:
 OTHER ASSESSMENT INSTRUMENTS:
☐ Acceptance and Action Questionnaire-II (AAQ-II):
☒ World Health Organization-Quality of Life (WHO-QOL): Score:
☒ Working Alliance Inventory- Short Revised (WAI-SR): Score:
☒ 5-Facet Mindfulness Scale Score:
☒ Assessment Results:

This was the Final Session of the Acceptance and Commitment (ACT) for Depression.

Health Factors: ACT ASSESS 5 FACET MIND SCALE, ACT ASSESS WAI-SR, ACT ASSESS WHO-QOL, ACT LOCATION DEF/DEF, ACT SESSION FACE-TO-FACE, ACT TIME IN SESSION
*Indicates a Required Field

FIGURE 112 - ACT 3 SCREENSHOT #3

Reminder Dialog Template: ACT Closing

This was the Final Session of the Acceptance and Commitment (ACT) for Depression.

SESSION CONTENT
☒ The therapist and patient reviewed how the ACT relevant processes have led to changes in the person's life functioning including how they have been impacted by experiential willingness/acceptance and values guided behavior.
☒ For this patient, these processes and changes have included:

COLLABORATION
 The degree of collaboration between the patient and the therapist in the current session was:
☒ Low
☐ Medium
☐ High
☒ Results of Therapy Alliance Measure:

ADDITIONAL SESSION INFORMATION
 Check to add information regarding: session content and reactions; level of engagement; REE factors; SI/RI evaluation; STD; cultural and spiritual influences.
☐ Reactions to Session Content:

QOL, ACT COLLABORATION LOW, ACT COLLABORATION THERAPEUTIC ALLIANCE, ACT LOCATION DEF/DEF, ACT SESSION FACE-TO-FACE, ACT TIME IN SESSION
*Indicates a Required Field

FIGURE 113 - ACT 3 SCREENSHOT #4

Reminder Dialog Template: ACT Closing

ADDITIONAL SESSION INFORMATION

Check to add information regarding: session content and reactions; level of engagement; MSE factors; SI/RI evaluation; STD; cultural and spiritual influences.

☒ Reactions to Session Content:

☒ Level of Engagement:

☒ Mental Status Factors:

☒ Suicidal/Homicidal Ideation Evaluation:

☒ Substance Abuse:

View Info Fresh Cancel

QOL ACT COLLABORATION LOW ACT COLLABORATION THERAPEUTIC ALLIANCE ACT LOCATION DEF/DIR ACT SESSION FACE-TO-FACE ACT TIME IN SESSION

*Indicates a Required Field

FIGURE 114 - ACT 3 SCREENSHOT #5

Reminder Dialog Template: ACT Closing

☒ Substance Abuse:

☒ Cultural Influences:

☒ Spiritual Influences:

PROGRESS TOWARDS GOALS

☐ Patient progress in treatment, overall and in relation to specific goals:

☐ Impact of therapy on patient's functioning:

View Info Fresh Cancel

QOL ACT COLLABORATION LOW ACT COLLABORATION THERAPEUTIC ALLIANCE ACT LOCATION DEF/DIR ACT SESSION FACE-TO-FACE ACT TIME IN SESSION

*Indicates a Required Field

FIGURE 115 - ACT 3 SCREENSHOT #6

Reminder Dialog Template: ACT Closing

☒ Impact of therapy on patient's functioning:

☒ Patient appears to be less depressed based on the following:

- ☐ BDI-II score has decreased
- ☐ Patient reports feeling less depressed
- ☐ Other people in the patient's social network have noticed that the patient is less depressed
- ☐ Other

PLAN

☒ Treatment Completed
Describe the reason for the termination of treatment:
Reason:

☐ Booster Sessions
Describe the reason for booster sessions and if the sessions were scheduled or will be scheduled in the future

☐ Scheduled Post Assessment Sessions
Describe the reason for additional assessment session

☐ Referred for Further Evaluation, Treatment or Other Services
Describe the referral and reason for referral

☐ Patient agreed with above Plan
Provide any additional information about the plan

ENTER TIME/DATE NEXT SESSION

☒ Next session scheduled for:

View Info Fresh Cancel

WIND SCALE ACT ASSESS WAI SR ACT ASSESS WHO QOL ACT COLLABORATION LOW ACT COLLABORATION THERAPEUTIC ALLIANCE ACT LOCATION DEF/DEF
ACT SESSION FACE TO FACE ACT TIME IN SESSION
*Indicates a Required Field

16. Appendix E - Social Skill Training Screenshots

This appendix will show all of the screenshots associated with Social Skills Training.

16.1. SST Goal Setting

FIGURE 116 - SST SCREENSHOT #1

Reminder Dialog: Template: SST Goal Setting

Social Skills Training for Severe Mental Illness Goal Setting Session - Individual

☒ TIME SPENT IN SESSION minutes

SESSION NUMBER

☐ Session 1

☐ Session 2

☐ Session 3

SESSION FORMAT

☐ Face-to-Face

☐ Telephone

☐ Video

☐ Other

SESSION LOCATION

☐ Community Living Center

☐ Community Based Outpatient Clinic

☐ Detoxification

☐ Inpatient Mental Health Unit

☐ OEP/OP Clinic

☐ Mental Health Clinic

☐ Mental Health Residential Rehabilitation and Treatment Program

☐ MHICM

☐ Patient Residence- Home Based Primary Care

☐ Patient Residence- Other

☐ PTSD Clinical Team

☐ Primary Care

☐ Substance Abuse Disorder Clinic

☐ PRC/Day Treatment

Valid Info Finish Cancel

HealthFactor: SST GOAL SETTING

*Indicates a Required Field

FIGURE 117 - SST SCREENSHOT #2

Reminder Dialog: Template: SST Goal Setting

Social Skills Training for Severe Mental Illness Goal Setting Session - Individual

☒ TIME SPENT IN SESSION minutes

SESSION NUMBER

☐ Session 1

☐ Session 2

☐ Session 3

SESSION FORMAT

☐ Face-to-Face

☐ Telephone

☐ Video

☐ Other

SESSION LOCATION

☐ Community Living Center

☐ Community Based Outpatient Clinic

☐ Detoxification

☐ Inpatient Mental Health Unit

☐ OEP/OP Clinic

☐ Mental Health Clinic

☐ Mental Health Residential Rehabilitation and Treatment Program

☐ MHICM

☐ Patient Residence- Home Based Primary Care

☐ Patient Residence- Other

☐ PTSD Clinical Team

☐ Primary Care

☐ Substance Abuse Disorder Clinic

☐ PRC/Day Treatment

Other

PRIMARY DIAGNOSIS

☐ Schizophrenia

☐ Schizoaffective

☐ Bipolar

☐ Major Depression

☐ Other specify

SECONDARY DIAGNOSIS specify

ASSESSMENT: Check all that apply

☒ Brief Goal Assessment: Social Skills Training Goal Assessment specify

☒ Social Functioning Interview specify

☒ Social Adaptive Functioning Evaluation specify

☐ Other specify

OTHER RELEVANT ASSESSMENT INFORMATION (SPECIFIC TO TREATMENT MODES): Please note any relevant mental status factors, any indications of SI/RI, and reactions to session content. Also include cultural, spiritual influences that may be relevant and any noted substance use. Complete local suicide note template if appropriate.

Valid Info Finish Cancel

GOAL SETTING: SST PRIMARY OTHER

*Indicates a Required Field

FIGURE 118 - SST SCREENSHOT #3

☒ OTHER RELEVANT ASSESSMENT INFORMATION (SPECIFIC TO TREATMENT MODES): Please note any relevant mental status factors, any indications of S/TRE, and reactions to session content. Also include cultural, spiritual influences that may be relevant and any noted substance use. Complete local outside note template if appropriate.

☒ SESSION CONTENT: check all that apply

☒ At the start of the session the therapist introduced the Social Skills Training Group facilitators

☐ The therapist reviewed the purpose of Social Skills Training Group (i.e., Recovery-oriented, SST curriculum based on identified goals)

☒ There was a discussion about ways in which Social Skills Training Group is different from other groups (i.e., not a process group, learn a skill, practice skill through role plays, complete practice assignments)

☐ The general format of Social Skills Training Group was discussed (i.e., homework review, skill introduction, role plays, feedback, homework)

☐ The expectations of the Social Skills Training Group were discussed (Note: If closed group, may discuss group expectations at first group session.)

☐ Goals related to Social Skills Training were identified

☒ A handout with facilitator names, contact info, and group setting info was provided (time, room, etc.)

☒ Other:

☒ GOALS

☒ Veterans identified the following two short-term goals for treatment to be achieved within the next 6 months:

☐ Veterans identified the following two long-term goals for treatment to be achieved within the next year:

☒ DEGREE OF COLLABORATION: The degree of collaboration between the Veteran and the and the group facilitator in the current session was:

☐ Low

☐ Medium

☐ High

☒ OVERALL COLLABORATION:

☒ ADDITIONAL SESSION INFORMATION:

☒ PLAN

☒ Next appt has or will be scheduled Comment:

Validate Finish Cancel

CONTENT DIFFERENT GROUP SST CONTENT HANDOUT SST CONTENT INTRO FACILITATORS SST CONTENT OTHER SST GOAL SETTING SST GOALS SHORT SST OTHER RELEVANT ASSESS SST PRIMARY OTHER

*Indicates a Required Field

FIGURE 119 - SST SCREENSHOT #4

☒ GOALS

☒ Veterans identified the following two short-term goals for treatment to be achieved within the next 6 months:

☐ Veterans identified the following two long-term goals for treatment to be achieved within the next year:

☒ DEGREE OF COLLABORATION: The degree of collaboration between the Veteran and the and the group facilitator in the current session was:

☐ Low

☐ Medium

☐ High

☒ OVERALL COLLABORATION:

☒ ADDITIONAL SESSION INFORMATION:

☒ PLAN

☒ Next appt has or will be scheduled Comment:

Validate Finish Cancel

FUNCTIONING INTERVIEW SST CONTENT DIFFERENT GROUP SST CONTENT HANDOUT SST CONTENT INTRO FACILITATORS SST CONTENT OTHER SST GOAL SETTING SST GOALS LONG SST GOALS SHORT SST NEXT APPT SST OTHER RELEVANT ASSESS SST OVERALL COLLABORATION SST PRIMARY OTHER

*Indicates a Required Field

17. Appendix F - CBT- Insomnia Screenshots

This appendix will show all of the screenshots associated with Cognitive Behavioral Therapy for Insomnia.

No screenshots available for this protocol at this time

18. Appendix G - Behavioral Family Therapy Screenshots

This appendix will show all of the screenshots associated with Behavioral Family Therapy.

No screenshots available for this protocol at this time