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### Cohen Veterans Network

# MEASUREMENT-BASED CARE TRAINING TOOLKIT

## PRACTICE GUIDE -



## **Measurement-Based Care** General Roleplay and Practice Guide

### Introduction to the General Roleplay and Practice Guide:

In this guide, we present a series of six roleplay scenarios to assist clinicians in the practice of introducing and reviewing measures to track client symptoms and progress session-by-session. We recognize that experience with clinical assessment in general and the MBC model of repeated assessment in particular varies significantly across clinics and clinicians. Therefore, we have developed this tool as a flexible framework that can be used with a variety of assessments. Clinics may choose to complete all six scenarios or to focus on the scenarios that feel most challenging.

### Preparation:

Each clinician should have a copy of the following:

- Roleplay scenarios (Page 2-5 of this document)
- Optional: Feedback forms (copies of Page 6)
- Copies of standardized measures you wish to practice: (e.g., PCL-5, GAD-7, PHQ-9)

### **Recommendations:**

- We recommend (but don't require) that you devote 1-2 clinical team meetings/group supervision to group MBC practice
- Role plays can be conducted in groups of 2-3 (Therapist, Client, + Observer) at the discretion of clinic leadership
- Additional role plays may also be conducted as part of individual supervision for those needing extra support or practice
- Depending on time constraints, each scenario can be completed a single time or multiple times as in a Deliberate Practice model, with the opportunity for feedback between each iteration.
- If conducted virtually, we recommend use of break out rooms for smaller groups to complete role plays, before coming back to group for discussion and processing.
- Ensure that each clinician has the opportunity for role plays as both the client and clinician
- Keep MBC practice on the agenda of group and individual supervision in the weeks leading up to implementation as well as at least the first month after implementation to continue to role play and problem solve barriers/difficult clinical situations as they emerge
- Keep MBC check-in item on next CST calls to assess clinic readiness for implementation/identify any additional support needs prior to launch



### **MBC Clinician Roleplays**

### Instructions for Clinicians:

As part of this training, we want clinicians to have a chance to practice how to use different assessment measures to track client symptoms and progress session-by-session. You may use any of our standard weekly assessments (e.g., PHQ-9, GAD-7, PCL-5) for this practice, and we recommend alternating measures. Role plays can be conducted in groups of 2-3 (Therapist, Client, + Observer) at the discretion of clinic leadership. They do not need to be completed in the order outlined below.

### Feedback:

We recommend that following completion of each roleplay, the therapist will have a chance to self-reflect and provide themselves with formal feedback as well as receive feedback on their roleplay from both the client and third observer. When delivering feedback, we ask that participants review therapist expectations associated with the specific roleplay and offer specific feedback using the **"two likes and a wish**" format.

Optional (up to MBC Trainers): Each time you complete a roleplay <u>as a therapist</u>, record the feedback received using a copy of the Feedback Form at the end of this document, adding positive and constructive feedback based on your own self-reflection as well. Self-reflection feedback should be shared with your group/partner before soliciting feedback from them.

### Scenarios:

Scenario		
1)	Introducing new measure with eager committed client	
2)	Introducing new measure with hesitant/resistant client	
3)	Review measure with eager committed client	
4)	Review measure with hesitant/resistant client	
5)	Review measure showing no or minimal treatment progress	
6)	Review measure with apparent over or under-reporting	



## **Roleplay Scenarios with Objectives**

Scenario 1: Introducing new measure (with eager committed client)			
Therapist	Client		
• Effectively communicate utility of repeated measures for clinical care	• Demonstrate eagerness to participate and to maximize treatment outcomes		
• Link use of current measure to client's major symptoms and treatment goals	• Acknowledge that this process feels different than therapy you have had in the past		
• Address client's questions and concerns in empathetic manner, while maintaining commitment to measurement-based care	• Ask reasonable questions related to goals of MBC and how measurement will help guide your individual treatment		
• Complete measure thoroughly and accurately			
• Demonstrate thorough understanding of the measure			

	Scenario 2: Introducing new measure (with hesitant/resistance client)			
	Therapist Client		Client	
<ul> <li>Effection</li> <li>Effection</li> <li>Link up</li> </ul>	ively communicate utility of repeated res for clinical care use of current measure to client's major	o D m o D re	possibilities for client presentation: Poes not want to complete the leasure Poes not understand utility of using speated measures, believes it is a aste of time	
<ul> <li>Addre empaticommi</li> <li>Demo and rea MBC</li> <li>Comp</li> </ul>	oms and treatment goals ss client's questions and concerns in hetic manner, while maintaining itment to measurement-based care nstrate validation of client's preferences action, while maintaining allegiance to model lete measure thoroughly and accurately lient agrees	• C se In all case	aste of time ompletes quickly in a way that eems to not take the process seriously s, client ultimately agrees to n of measure	



Scenario 3: Review measure (with eager committed client)			
Therapist	Client		
<ul> <li>Demonstrate adequate familiarity with measure to be able to move through it quickly and fluently</li> <li>Referencing prior responses to this measure, and highlight overall trajectory</li> <li>Effectively link assessment responses back to original client goals and treatment plan, focusing on diagnoses appropriate to the current measure</li> <li>Based on responses, collaborate with client to identify top targets for today's session</li> </ul>	<ul> <li>Client is returning for first follow-up after introduction of measure in previous session</li> <li>Demonstrates eagerness to maximize treatment gains</li> <li>Demonstrates understanding of value of repeated measures and found it helpful to reflect on weekly symptoms even though symptom presentation has not yet begun to change</li> </ul>		

Scenario 4: Review measure with hesitant/resistant client			
Therapist	Client		
<ul> <li>Validate client concerns related to measurement-based care</li> <li>Adequately respond to clinical questions regarding utility and validate understandable client concerns</li> <li>Reiterate importance of repeated measures for tracking client progress and guiding treatment, linking assessment to client's ultimate goals for treatment</li> <li>Once client agrees to complete, therapist shows adequate familiarity with measure to be able to move through it quickly and fluently</li> <li>Effectively link assessment responses back to original client goals and treatment plan,</li> </ul>	<ul> <li>Client</li> <li>Multiple possibilities for client presentation: <ul> <li>Does not want to complete the measure</li> <li>Does not understand utility of using repeated measures, believes it is a waste of time</li> <li>Completes quickly in a way that seems to not take the process seriously</li> </ul> </li> <li>In all cases, client ultimately agrees to completion of measure</li> </ul>		
focusing on diagnoses appropriate to the current measure, setting stage for continue use of repeated measures			



TherapistClient• Validate client concerns related to minimal treatment progress• Client has engaged in five therapy sessions and diligently completed weekly measures until this point, but arrives at today's session without measure completed.• Reflect with client on whether measure is an accurate reflection of current symptom presentation or whether additional items could be tracked to enhance monitoring of clinical change (without agreeing to drop diagnostic specific measure)• When asked to complete in session, initially refuses, stating only that they don't see the point, since it's not helping• Work to build hope and buy-in while acknowledging that therapy is not always a quick linear process• On further questioning, client acknowledges disappointment that they are not seeing the gains they hoped for and expresses reluctance to continue filling out measures because it makes them feel defeated and more hopeless to reflect each week on the fact that nothing has changed	Scenario 5: Review measure showing no or minimal treatment progress			
<ul> <li>treatment progress</li> <li>Reiterate utility of repeated measures for tracking as well as trouble-shooting progress</li> <li>Reflect with client on whether measure is an accurate reflection of current symptom presentation or whether additional items could be tracked to enhance monitoring of clinical change (without agreeing to drop diagnostic specific measure)</li> <li>Work to build hope and buy-in while acknowledging that therapy is not always a quick linear process</li> <li>Review treatment plan and/or interventions to date and brainstorm with client potential shifts in treatment approach to better target</li> <li>and diligently completed weekly measures until this point, but arrives at today's session without measure completed.</li> <li>When asked to complete in session, initially refuses, stating only that they don't see the point, since it's not helping</li> <li>On further questioning, client acknowledges disappointment that they are not seeing the gains they hoped for and expresses reluctance to continue filling out measures because it makes them feel defeated and more hopeless to reflect each week on the fact that nothing has changed</li> </ul>	Therapist	Client		
symptom change	<ul> <li>treatment progress</li> <li>Reiterate utility of repeated measures for tracking as well as trouble-shooting progress</li> <li>Reflect with client on whether measure is an accurate reflection of current symptom presentation or whether additional items could be tracked to enhance monitoring of clinical change (without agreeing to drop diagnostic specific measure)</li> <li>Work to build hope and buy-in while acknowledging that therapy is not always a quick linear process</li> <li>Review treatment plan and/or interventions to date and brainstorm with client potential</li> </ul>	<ul> <li>and diligently completed weekly measures until this point, but arrives at today's session without measure completed.</li> <li>When asked to complete in session, initially refuses, stating only that they don't see the point, since it's not helping</li> <li>On further questioning, client acknowledges disappointment that they are not seeing the gains they hoped for and expresses reluctance to continue filling out measures because it makes them feel defeated and more hopeless to reflect each week on the fact that nothing</li> </ul>		

#### Scenario 6: Review measure with apparent over or under-reporting Therapist Client Demonstrates apparent disconnect between • Show appreciation for client completion of • measure, despite internal concerns about answers on weekly monitoring form and discussion in session about impact of accuracy symptoms on daily functioning Maintain mindset of curiosity in reviewing ٠ items with client • When client raises possibility of over/underreporting, initially accuses therapist of not • Remind client of importance of accurate believing them symptom monitoring, recognizing possible incentives for both under and over-reporting After more discussion, acknowledges they • might be exaggerating a little bit, and affirms Explore client's understanding of symptom • understanding of importance of honest stagnation/worsening (if apparent responding overreporting) or quick improvement (if apparent underreporting)





### Role Plays: Feedback Form

Scenario #/Description:	Measure:	Date:
Self-reflective Feedback (Therapist):		
Client Feedback:		
Observer Feedback (if groups of 3):		