

## EVIDENCE-BASED PSYCHOTHERAPIES AND PSYCHOSOCIAL INTERVENTIONS FOR MENTAL AND BEHAVIORAL HEALTH CONDITIONS

**1. REASON FOR ISSUE:** This Veterans Health Administration (VHA) directive specifies VHA policy for Veteran access to evidence-based psychotherapies (EBPs) and evidence-based psychosocial interventions (EBPIs) for mental and behavioral health conditions common to Veterans.

**2. SUMMARY OF MAJOR CHANGES:** This revised directive:

a. Broadens the scope of the definition for evidence-based practice in paragraph 3, to include both EBPs, provided by licensed independent and provisionally licensed providers and EBPIs.

b. Changes the title of Local Evidence-Based Psychotherapy Coordinator to Evidence-Based Psychotherapy Coordinator in paragraph 2.

c. Changes the responsible office from the Office of Patient Care Services, Mental Health Services (10P4M) to the Office of Mental Health and Suicide Prevention (OMHSP) (11MHSP).

d. Adds new responsibilities, in paragraph 5, for the: Deputy Under Secretary for Health for Operations and Management for Clinical Operations; Executive Director, Office of Mental Health and Suicide Prevention; National Mental Health Director for Psychotherapy; Veterans Integrated Services Network Director; Veterans Integrated Service Network Chief Mental Health Officer; VA medical facility Director, VA medical facility Mental Health Service Line Chief, Evidence-Based Psychotherapy Coordinator and VA medical facility Mental Health Provider.

**3. RELATED ISSUES:** VHA Handbook 1160.01, Uniform Mental Health Services in VA Medical Centers and Clinics, dated September 11, 2008. VHA Directive 6506, Review and Use of Patient-Generated Health Data Under the Office of Connected Care, dated April 19, 2021.

**4. RESPONSIBLE OFFICE:** The Office of Mental Health and Suicide Prevention (11MHSP) is responsible for the contents of this directive. Questions may be directed to the Psychotherapy Action Group at [VHAOMHSPPsychotherapyAction@va.gov](mailto:VHAOMHSPPsychotherapyAction@va.gov).

**5. RESCISSION:** VHA Handbook 1160.05, Local Implementation of Evidence-Based Psychotherapies for Mental and Behavioral Health Conditions, dated October 5, 2012, is rescinded.

**6. RECERTIFICATION:** This VHA directive is scheduled for recertification on or before the last working day of June 2026. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

**BY DIRECTION OF THE OFFICE OF THE  
UNDER SECRETARY FOR HEALTH:**

/s/ Kameron Matthews, MD, JD, FAAFP  
Assistant Under Secretary for Health for  
Clinical Services

**NOTE:** *All references herein to VA and VHA documents incorporate by reference subsequent VA and VHA documents on the same or similar subject matter.*

**DISTRIBUTION:** Emailed to the VHA Publications Distribution List on June 11, 2021.

**CONTENTS**

**EVIDENCE-BASED PSYCHOTHERAPIES AND PSYCHOSOCIAL INTERVENTIONS FOR MENTAL AND BEHAVIORAL HEALTH CONDITIONS**

1. PURPOSE..... 1

2. BACKGROUND..... 1

3. DEFINITIONS ..... 3

4. POLICY ..... 4

5. RESPONSIBILITIES ..... 4

6. TRAINING ..... 8

7. RECORDS MANAGEMENT..... 8

8. REFERENCES..... 8

## EVIDENCE-BASED PSYCHOTHERAPIES AND PSYCHOSOCIAL INTERVENTIONS FOR MENTAL AND BEHAVIORAL HEALTH CONDITIONS

### 1. PURPOSE

This Veterans Health Administration (VHA) directive specifies VHA policy for Veteran access to effective mental health care through delivery of evidence-based psychotherapies (EBPs) and evidence-based psychosocial interventions (EBPIs). It requires that Veterans routinely have sustained and timely access to mental health treatments, identified by leading scientific evidence, as likely effective for the mental health conditions and problems experienced by Veterans. **AUTHORITY:** 38 U.S.C. §1706.

### 2. BACKGROUND

a. Many mental health conditions can be effectively treated, preventing chronic suffering and impaired quality of life, while also reducing the mounting morbidities that accompany chronic mental health and substance use disorders and hastening mortality. Approximately 20% of the general United States population is affected by mental health and substance use disorders, while an estimated 26% of Veterans have mental health and substance use disorder diagnoses.

b. A priority for the Department of Veterans Affairs (VA) is functioning enterprise-wide as a high reliability organization (HRO) and clinically integrated learning health care system (LHC). LHCs develop standardized evidence-based Health Practice Patterns (HPPs) that measure their ability to consistently deliver value through better health, Veteran and provider experience and cost. Evidence-based clinical practice guidelines (CPGs) play a key role in establishing HPPs for a reliable approach to the consistent delivery of evidence-based practices that can be configured across any practice setting, information system or technology platform.

c. Despite advances in treatment, there exists a significant gap between known effective treatments for mental health and substance use disorders and what is routinely delivered in mental health care settings. This gap, known as the quality chasm is substantially larger within mental health relative to other areas of health care.

d. VA has taken multiple steps to narrow the quality chasm and advance evidence-based mental health practice.

(1) Principle among these efforts is the establishment of VA's national Evidence-based Psychotherapy Provider Training Initiative that serves to mitigate gaps in the clinical workforce's ability to provide evidence-based psychotherapies to treat Veterans' mental health conditions.

(2) VA requires each VA medical facility to designate an Evidence-Based Psychotherapy Coordinator (no less than .3 FTEE) to support the VA medical facilities, both clinically and administratively, in the implementation and sustainability of evidence-based psychotherapies and psychosocial interventions. For more information on the

National Evidence-based Psychotherapy Provider Training Initiative and the Evidence-Based Psychotherapy Coordinator program, please visit <http://vaww.mentalhealth.va.gov/ebp/>. **NOTE:** *This is an internal VA website that is not available to the public.*

(3) VA and the Department of Defense (DoD) jointly produce evidence-based clinical practice guidelines (VA/DoD CPGs) based upon systematic reviews of the best available scientific evidence. VA/DoD CPGs recommendations are intended to serve as decision support tools for mental health providers and Veterans in identifying the most likely effective courses of treatment. VA also recognizes VA/DoD CPGs as a valuable resource for developing HPPs, setting standards for shaping clinical policy and as a basis for continuous quality improvement. For more information visit: <https://www.healthquality.va.gov/>. **NOTE:** *For mental health conditions not addressed in VA/DoD CPGs, please consult other current high-quality CPGs, systematic reviews or meta-analyses. The National Academy of Medicine's guidance to help evaluate guideline quality can be found at <https://www.nap.edu/resource/13058/Clinical-Practice-Guidelines-2011-Report-Brief.pdf>.*

e. VA/DoD CPGs are clinical recommendations developed as essential tools for guiding effective treatment for post-traumatic stress disorder (PTSD), major depressive disorder, substance use disorder, insomnia, chronic pain and for the assessment and management of patients at risk for suicide. CPG consistent care is a reliable means of providing high quality care and optimizing Veteran mental health outcomes.

f. This directive plays a major role in ensuring that Veterans reliably receive quality mental health care regardless of location or circumstance either in person or via telemedicine, as appropriate, by requiring that the first-line treatments recommended in VA/DoD CPGs inform the shared decision-making process with each Veteran.

g. In support of evidence-based practice, routine use of Veteran-reported clinical outcome measures, using valid measurement instruments, as well as periodic measurement of Veteran functional status, quality of life and satisfaction, must inform clinical decision-making and provision of care.

h. This directive is not meant to discourage implementation of individualized treatment approaches, to limit a provider's ability to respond to a Veteran's needs, or to hinder the testing of promising recovery-oriented practices when evidence warrants. Determining the best treatment course for an individual Veteran requires that mental health providers and Veterans have access to trustworthy treatment guidance so that patient-centered care decisions rest upon a foundation of the best available scientific evidence. Evidence-based psychotherapies and evidence-based psychosocial interventions have consistently been found in the current filtered literature (e.g., CPGs, systematic reviews, meta-analyses, rigorous controlled clinical research) to be effective for mental or behavioral health conditions.

### 3. DEFINITIONS

a. **Evidence.** In public health, evidence refers to the accumulation of findings from rigorous scientific research that consistently demonstrates that an intervention is effective in achieving an outcome that creates significant and lasting change.

b. **Evidence-Based Clinical Practice Guidelines.** Evidence-based clinical practice guidelines, including the VA/DoD CPGs, are statements that include recommendations intended to optimize patient care, that are informed by a systematic review of evidence and an assessment of the benefits and harms of alternative care options.

c. **Evidence-Based Practice.** Evidence-based practice is the integration of clinical expertise, patient preferences and values and the conscientious, explicit and judicious use of current best research evidence into the decision-making process for patient care. Clinical expertise refers to the mental health provider's cumulated experience, education and clinical skills. The patient brings to the encounter their own personal preferences, unique concerns, expectations and values. The best research evidence is usually found in clinically relevant research that has been conducted using sound methodology and shown to consistently improve measurable patient outcomes.

d. **Evidence-Based Psychosocial Interventions.** EBPIs include a range of therapeutic activities, such as motivational interviewing, social skills training, problem-solving training and other skill development, many of which are offered by non-licensed providers.

e. **Evidence-Based Psychotherapies.** EBPs generally refer to specific psychotherapeutic treatments that have consistently been shown in controlled clinical research to be effective for one or more mental or behavioral health conditions. EBPs are most often those with large amounts of strong support from rigorous research that reliably demonstrate meaningful clinical improvement for patients. EBPs are usually delivered by independently licensed mental health providers such as marriage and family therapists, mental health counselors, psychiatrists, psychologists and social workers who have developed the needed competence and expertise in delivering the treatment.

f. **Health Professions Trainee.** Health Professions Trainee (HPT) is a general term used to describe vocational, undergraduate, graduate and post-graduate trainees, including students, externs, interns, residents, fellows, VA advanced fellows, postdoctoral fellows and similar HPT positions. These individuals are appointed under Title 38 USC 7405 or 7406, may be paid or unpaid and participate in clinical or research training under supervision to satisfy program or degree requirements.

g. **Measurement Based Care.** Measurement Based Care (MBC) is the systematic evaluation of patient symptoms using valid instruments before or during each clinical encounter to inform behavioral health treatment. Unlike periodic treatment monitoring, MBC's assessment schedule of every session or nearly every session evaluation of patient symptoms provides for ongoing insight into the patient's treatment response,

highlights targets for treatment and provides the basis for meaningful conversations that collaboratively inform care decisions. The essential components of MBC are every session or nearly every session collection of patient-reported outcome measures (PROM) throughout care to track progress over time; the clinical provider's review of the patient-generated data; sharing of the results and discussing with the patient to ensure a shared understanding; and a collaborative reevaluation of the treatment plan and modification if indicated.

h. **Shared Decision Making.** Shared Decision Making (SDM) is a formal communication process for consensus building between a health care provider and patient when multiple evidence-based treatment alternatives exist to treat the patient's condition or problem. The provider and patient jointly participate in the process to arrive at a clinical decision or treatment plan. SDM requires three components: 1) clear, accurate and unbiased medical evidence about reasonable alternatives, including no intervention and the risk and benefits of each; 2) clinician expertise in communicating and tailoring the evidence for individual patients and 3) patient values, goals, informed preferences and concerns, which may include treatment burden (National Quality Forum, March 2018). Standardized decision aids are recommended to ensure reliable, unbiased summaries of evidence-based treatment research is accurately presented in easy to understand language (For examples see: <https://effectivehealthcare.ahrq.gov/consumer>, [www.ptsd.va.gov/apps/decisionaid](http://www.ptsd.va.gov/apps/decisionaid), <https://brss-tacs-decision-tool.samhsa.gov>.)

#### 4. POLICY

It is VHA policy to provide evidence-based mental health services for the full range of mental health conditions in order to optimize Veteran clinical outcomes, safety and satisfaction.

#### 5. RESPONSIBILITIES

a. **Under Secretary for Health.** The Under Secretary for Health is responsible for ensuring overall VHA compliance with this directive.

b. **Assistant Under Secretary for Health for Clinical Services.** The Assistant Under Secretary for Clinical Services is responsible for supporting the Office of Mental Health and Suicide Prevention with implementation and oversight of this directive.

c. **Assistant Under Secretary for Health for Operations.** The Assistant Under Secretary for Health for Operations is responsible for:

(1) Communicating the contents of this directive to each of the Veterans Integrated Services Networks (VISNs).

(2) Assisting VISN Directors to resolve implementation and compliance challenges in all VA medical facilities within that VISN.

(3) Providing oversight of VISNs to assure compliance with this directive and its

effectiveness.

d. **Executive Director, Office of Mental Health and Suicide Prevention.** The Executive Director, Office of Mental Health and Suicide Prevention (OMHSP), is responsible for:

(1) Communicating the contents of this directive throughout OMHSP.

(2) Ensuring that VA's National Evidence-based Psychotherapy Provider Training Initiative has adequate financial resources, as required by VHA Handbook 1160.01, Uniform Mental Health Services in VA Medical Centers and Clinics, dated September 11, 2008 to train local VA medical facility staff to deliver quality treatment to Veterans.

**NOTE:** For more information regarding VHA Handbook 1160.01, visit, <https://www.mentalhealth.va.gov/providers/sud/docs/UniformServicesHandbook1160-01.pdf>.

(3) Providing oversight for the VISN and VA medical compliance with this directive and ensuring corrective action is taken if non-compliance is identified.

e. **National Mental Health Director for Psychotherapy.** The National Mental Health Director for Psychotherapy is responsible for:

(1) Providing consultation and guidance to VISN Chief Mental Health Officers and their VA medical facilities regarding EBP utilization and Veteran reach.

(2) Developing national policy and procedures regarding OMHSP-Psychotherapy including EBP and EBPI implementation for Veteran reach, consistent with evidence-based practice literature; VHA's mission, goals and objectives; and other authorizing documents as they become available.

(3) Continuing the ongoing transformation of VHA mental health services to a recovery-oriented system of care.

f. **Veterans Integrated Services Network Director.** The VISN Director is responsible for:

(1) Ensuring the terms of this directive are fulfilled by all VA medical facilities within the VISN.

(2) Ensuring that EBPs and EBPIs are accessible to all Veterans and their families by providing the services in-person or via telehealth at their VA medical facilities, or through contracts with community organizations, as appropriate and if available.

(3) Administering and funding regional OMHSP EBP and EBPI training events to meet the specific needs of the VA medical facilities within the VISN, to ensure an engaged, prepared and competent workforce that meets Veterans' mental health treatment needs.

g. **Veterans Integrated Services Network Chief Mental Health Officer.** The VISN Chief Mental Health Officer is responsible for ensuring that local processes are in place at VA medical facilities to select appropriate training participants for EBP and EBPI training programs, develop local implementation plans aimed at achieving routine utilization of EBP and EBPI treatments following training and facilitate maximum Veteran reach.

h. **VA Medical Facility Director.** The VA medical facility Director is responsible for:

(1) Ensuring the full implementation of this directive at the VA medical facility.

(2) Providing and maintaining program oversight to ensure compliance with national VHA policy and procedures (including clinic structures and processes) that support timely Veteran access to high-quality mental health care, including EBPs and EBPIs and optimize Veterans outcomes.

(3) Providing safe, well-maintained and appropriately furnished VA medical facilities that support and enhance the recovery efforts of all Veterans. **NOTE:** See the *Mental Health Facilities Design Guide* at <https://www.cfm.va.gov/til/dGuide/dgMH.pdf> and the *Mental Health Environment of Care Checklist* at <http://vaww.ncps.med.va.gov/guidelines/mheocc.html>. **NOTE:** These are internal VA websites that are not available to the public.

(4) Ensuring that scheduling processes conform to the delivery requirements of EBPs and EBPIs, particularly in terms of format, length, frequency and timing of treatment sessions, to optimize Veteran benefit. Scheduling processes must not be a barrier to the delivery of high quality, effective, mental health care.

(5) Designating an Evidence-Based Psychotherapy Coordinator (EBPC) in each VA medical facility. The EBPC responsibilities are described in paragraph 5.j. **NOTE:** This position is collateral and required to be at least 30% of the full-time equivalent (FTE) workload.

i. **VA Medical Facility Mental Health Service Line Chief.** **NOTE:** This is one position but has different titles at different VA medical facilities. The VA Medical Facility Mental Health Service Line Chief is responsible for:

(1) Providing full support of this directive, with the expectation that mental health care be evidence-based and informed by the best available scientific evidence (e.g., evidence-based clinical practice guidelines, systematic reviews, meta-analyses) to reduce unwarranted variations in the care provided and to improve Veteran mental health outcomes.

(2) Allowing mental health providers the flexibility to schedule treatment sessions based upon the procedural requirements for delivery of the psychotherapy (e.g., session frequency, session length, individual versus group format) and the Veterans' response to treatment.

(3) Allowing mental health providers ample opportunity to deliver the psychotherapies and interventions in which they have been trained to develop expertise and thereby improve clinical outcomes.

j. **VA Medical Facility Evidence-Based Psychotherapy Coordinator.** The VA medical facility EBPC is responsible for:

(1) Serving as a champion for EBP at the local level, ensuring clinical consultation, support and education, while promoting the use of EBPs and EBPIs throughout the local system and working with Mental Health leadership to revise administrative structures to facilitate the implementation and ongoing sustainability of EBPs and EBPIs at the VA medical facility.

(a) This includes but is not limited to providing resources regarding EBPs and EBPIs to Veterans, families, significant others and caregivers, about the availability, effectiveness and utility of evidence-based interventions for various mental health conditions.

(b) This may be accomplished using brochures, posters, videos, websites, discussion groups or individual face-to-face contact.

(2) Providing education or resource material to the VA medical facility Director, Chief of Staff and other senior leadership, Mental Health leadership, VA medical facility training directors of Health Professions Trainees, mental health providers, Veterans and community referral sources about the importance of VA/DoD CPGs and the role they play in providing recommendations that are based on best evidence for treatment of Veterans' mental health conditions.

(3) Supporting VA medical facility leadership, program managers, information technology (IT) staff and mental health providers regarding implementation of evidence-based mental health care, including consultation to assist with complex cases and other clinical issues.

(4) Assisting OMHSP in disseminating information about evidence-based practices and upcoming EBP trainings, recruiting appropriate local mental health providers to attend EBP trainings and disseminating information about new EBP training resources and program developments.

(5) Participating in the national network of EBPCs to share experiences, provide support and learn about agency-wide developments with respect to evidence-based psychotherapy. This involves additional training opportunities, national listserv communication and conference calls.

k. **VA Medical Facility Mental Health Providers.** VA medical facility mental health providers are responsible for:

(1) Practicing safe, effective and efficient mental health care and ensuring that the care delivered is in the best interest of the Veteran by making treatment

recommendations based on the best available scientific evidence (e.g., evidence-based clinical practice guidelines, systematic reviews, meta-analyses). Whenever there is a choice of effective psychotherapies for the Veteran's condition, engaging in a shared-decision making process is strongly recommended.

(2) Continually developing and maintaining the education and skills necessary to deliver care competently. Ensuring that they are capable of providing high-quality mental health care, routinely monitoring Veteran outcomes, making treatment adjustments based on outcomes, when appropriate and seeking consultation when there is concern that the Veteran is not progressing.

(3) Helping Veterans develop an evidence-informed treatment preference based upon likely outcomes from appropriate treatment choices.

(4) Ensuring that the submission and use of PROM data aligns to VA's Principles for Veteran Data Access and Use, and the requirements for Review and Use of Patient-General Health Data under the Office of Connected Care, whenever possible. See VHA Memorandum 2020-06-35, Ethical Principles for Access to and Use of Veterans Data, dated June 24, 2020 and VHA Directive 6506, Review and Use of Patient-Generated Health Data Under the Office of Connected Care dated April 19, 2021.

(5) Ensuring the care provided offers the Veteran the best opportunity for the restoration of mental health.

## 6. TRAINING

VA offers competency-based training in several EBPs and EBPIs to ensure a ready and competent workforce to address the disorders and conditions common to Veterans. Given the broad range of EBPs and EBPIs, VA is not able to offer training in all evidence-based psychotherapeutic treatments and encourages mental health care providers to consult the VA-DoD Evidence-Based Clinical Practice Guidelines (VA-DoD EBCPG), available at <http://www.healthquality.va.gov>, for treatment recommendations.

## 7. RECORDS MANAGEMENT

All records, regardless of format (e.g., paper, electronic, electronic systems), created by this directive must be managed as required by the National Archives and Records Administration (NARA) approved records schedules found in VHA Records Control Schedule 10-1. Questions regarding any aspect of records management should be addressed to the appropriate Records Officer.

## 8. REFERENCES

a. 38 U.S.C. § 1706.

b. VHA Handbook 1160.01, Uniform Mental Health Services in VA Medical Centers and Clinics, dated September 11, 2008.

c. VA/DoD Clinical Practice Guidelines. <https://www.healthquality.va.gov>.

d. National Quality Forum (2018). National Quality Partners Playbook: Shared Decision Making in Healthcare. Washington, DC: [www.qualityforum.org](http://www.qualityforum.org). **NOTE:** *This linked document is outside VA control and may not conform to Section 508 of the Rehabilitation Act of 1973.*