

Treatment Protocols by Condition

Psychology Treatment and Diagnostics Board

Evidence-Based Treatment Guidelines for Common Mental Health Conditions

Major Depressive Disorder

Evidence-Based Treatments (Level A Evidence):

- Cognitive Behavioral Therapy (CBT)
- Interpersonal Therapy (IPT)
- Behavioral Activation (BA)
- Acceptance and Commitment Therapy (ACT)
- Psychodynamic Therapy (for specific populations)

Primary Treatment Protocol: Cognitive Behavioral Therapy

Treatment Duration: 12-20 sessions over 3-5 months

Session Frequency: Weekly initially, then biweekly

Phase 1: Assessment and Psychoeducation (Sessions 1-3)

- Comprehensive assessment and goal setting
- Psychoeducation about depression and CBT model
- Introduction to thought records
- Behavioral assessment and activity monitoring

Phase 2: Core Interventions (Sessions 4-12)

- Cognitive restructuring and thought challenging
- Behavioral activation and activity scheduling
- Problem-solving skills training
- Homework assignments and skill practice

Phase 3: Consolidation and Relapse Prevention (Sessions 13-20)

- Skill consolidation and generalization
- Relapse prevention planning

- Booster session scheduling
- Termination preparation

Week 1-2: Assessment, goal setting, psychoeducation Week 3-4: Thought monitoring, basic cognitive techniques Week 5-8: Core CBT interventions, homework assignments Week 9-12: Advanced techniques, problem-solving skills Week 13-16: Skill consolidation, relapse prevention Week 17-20: Termination preparation, booster planning

Contraindications/Modifications Needed:

- Active suicidal ideation (stabilize first)
- Psychotic features (consider medication consultation)
- Severe cognitive impairment (modify approach)
- Active substance abuse (address concurrently)

Generalized Anxiety Disorder

Evidence-Based Treatments (Level A Evidence):

- Cognitive Behavioral Therapy (CBT)
- Acceptance and Commitment Therapy (ACT)
- Applied Relaxation
- Mindfulness-Based Interventions

Primary Treatment Protocol: CBT for GAD

Treatment Duration: 12-16 sessions over 3-4 months

Session Frequency: Weekly sessions

Core Components:

- Psychoeducation about anxiety and worry
- Self-monitoring of worry patterns
- Cognitive restructuring for catastrophic thinking
- Worry exposure and worry time scheduling
- Relaxation training and mindfulness
- Problem-solving skills for controllable worries

Session 1-2: Assessment, psychoeducation, worry monitoring
Session 3-4: Cognitive model, thought challenging techniques
Session 5-6: Relaxation training, progressive muscle relaxation
Session 7-8: Worry exposure, uncertainty training
Session 9-10: Problem-solving skills, behavioral experiments
Session 11-12: Advanced cognitive techniques, mindfulness
Session 13-14: Relapse prevention, skill consolidation
Session 15-16: Termination, booster session planning

Adjunctive Interventions

- **Medication Consultation:** For severe symptoms or treatment resistance
- **Group Therapy:** GAD-specific or general anxiety groups
- **Family Therapy:** When family dynamics contribute to anxiety
- **Mindfulness Training:** MBSR or MBCT protocols

Post-Traumatic Stress Disorder

Evidence-Based Treatments (Level A Evidence):

- Cognitive Processing Therapy (CPT)
- Prolonged Exposure (PE)
- Eye Movement Desensitization and Reprocessing (EMDR)
- Trauma-Focused CBT

Primary Treatment Protocol: Cognitive Processing Therapy

Treatment Duration: 12 sessions over 3 months

Session Frequency: Weekly 60-90 minute sessions

Session Structure:

- **Sessions 1-3:** Education, trauma narrative writing
- **Sessions 4-8:** Cognitive restructuring of trauma-related beliefs
- **Sessions 9-12:** Challenging stuck points, relapse prevention

Trauma Treatment Considerations:

- Establish safety and stabilization first
- Assess for dissociative symptoms
- Screen for complex trauma and attachment issues
- Monitor for treatment dropout risk
- Coordinate with psychiatry for severe symptoms

Alternative Protocol: Prolonged Exposure

Treatment Duration: 8-15 sessions over 2-4 months

- **Session 1-2:** Assessment, psychoeducation, breathing training
- **Session 3-4:** In-vivo exposure hierarchy development
- **Session 5-12:** Imaginal and in-vivo exposure exercises
- **Session 13-15:** Consolidation and relapse prevention

Attention-Deficit/Hyperactivity Disorder

Evidence-Based Treatments:

- **Children:** Behavioral Parent Training, School-based interventions
- **Adolescents:** CBT, organizational skills training
- **Adults:** CBT for ADHD, coaching, mindfulness

Adult ADHD Treatment Protocol

Treatment Duration: 12-16 sessions over 3-4 months

Core Components:

- Psychoeducation about ADHD in adults
- Organizational and time management skills
- Cognitive restructuring for ADHD-related beliefs
- Behavioral strategies for attention and focus
- Stress management and emotional regulation

Session 1-2: Assessment, ADHD education, goal setting
Session 3-4: Organizational systems, time management
Session 5-6: Attention training, distraction management
Session 7-8: Cognitive restructuring, self-talk modification
Session 9-10: Emotional regulation, stress management
Session 11-12: Work/academic accommodations, advocacy
Session 13-14: Relationship skills, communication training
Session 15-16: Maintenance planning, skill consolidation

Multimodal Treatment Considerations

- **Medication Management:** Coordinate with prescribing physician
- **Accommodations:** Workplace and academic supports

- **Family Education:** Partner/family understanding and support
- **Coaching:** ADHD-specific life coaching

Substance Use Disorders

Evidence-Based Treatments:

- Motivational Interviewing (MI)
- Cognitive Behavioral Therapy for Substance Use
- Contingency Management
- 12-Step Facilitation
- Acceptance and Commitment Therapy

Integrated Treatment Protocol

Treatment Duration: 16-24 sessions over 6 months

Phase 1: Engagement and Motivation (Sessions 1-4)

- Motivational interviewing techniques
- Exploration of ambivalence about change
- Values clarification and goal setting
- Harm reduction strategies

Phase 2: Active Treatment (Sessions 5-16)

- CBT for addiction (trigger identification, coping skills)
- Relapse prevention planning
- Social support network development
- Co-occurring disorder treatment

Phase 3: Maintenance and Recovery (Sessions 17-24)

- Long-term recovery planning
- Lifestyle changes and healthy activities

- Ongoing support group participation
- Relapse response planning

Special Considerations:

- Medical detoxification may be required before psychological treatment
- Dual diagnosis requires integrated treatment approach
- Family involvement often crucial for success
- Consider intensive outpatient or residential treatment for severe cases

Bipolar Disorder

Evidence-Based Treatments:

- Cognitive Behavioral Therapy for Bipolar Disorder
- Interpersonal and Social Rhythm Therapy (IPSRT)
- Family-Focused Therapy (FFT)
- Psychoeducation Programs

Maintenance Phase Treatment Protocol

Treatment Duration: Ongoing maintenance therapy

Session Frequency: Weekly to monthly based on stability

Core Components:

- Mood monitoring and early warning system
- Medication adherence support
- Sleep hygiene and routine regulation
- Stress management and trigger identification
- Social rhythm stabilization
- Family psychoeducation and support

Acute Episode Management:

- Manic episodes require immediate psychiatric consultation
- Therapy contraindicated during acute mania
- Focus on safety, medication compliance, and crisis intervention

- Resume psychological treatment after mood stabilization

Borderline Personality Disorder

Evidence-Based Treatments:

- Dialectical Behavior Therapy (DBT)
- Mentalization-Based Treatment (MBT)
- Transference-Focused Psychotherapy (TFP)
- Schema-Focused Therapy

Primary Treatment Protocol: Dialectical Behavior Therapy

Treatment Duration: 12-24 months comprehensive program

Components: Individual therapy, skills group, phone coaching, consultation team

DBT Skills Modules:

- **Mindfulness:** Core mindfulness skills for present-moment awareness
- **Distress Tolerance:** Crisis survival skills and radical acceptance
- **Emotion Regulation:** Understanding and managing intense emotions
- **Interpersonal Effectiveness:** Relationship and communication skills

Months 1-3: Mindfulness and distress tolerance skills
Months 4-6: Emotion regulation skills training
Months 7-9: Interpersonal effectiveness skills
Months 10-12: Skills consolidation and generalization
Year 2: Advanced skills and maintenance

Treatment Requirements:

- Therapist must be trained in specific BPD treatment modality
- Clear treatment contract and behavioral targets
- Regular supervision and consultation team participation
- Crisis management protocols established

Treatment Matching and Selection Guidelines

Factors in Treatment Selection

- **Symptom Severity:** Match intensity of treatment to severity
- **Client Preferences:** Consider client's treatment preferences and beliefs
- **Cultural Factors:** Select culturally appropriate interventions
- **Comorbidity:** Address multiple disorders with integrated approach
- **Treatment History:** Consider previous treatment responses
- **Resources:** Match treatment to available resources and supports

Stepped Care Approach

Step 1: Minimal Intervention

- Psychoeducation and self-help materials
- Brief counseling (1-4 sessions)
- Peer support groups

Step 2: Standard Psychological Treatment

- Evidence-based individual therapy (12-20 sessions)
- Group therapy programs
- Medication consultation if indicated

Step 3: Intensive Intervention

- Intensive outpatient programs

- Partial hospitalization
- Combined therapy and medication management

Step 4: Crisis/Acute Care

- Inpatient hospitalization
- Crisis stabilization
- Emergency intervention

Treatment Outcome Monitoring

Standardized Assessment Tools

- **Depression:** PHQ-9, BDI-II, Hamilton Rating Scale
- **Anxiety:** GAD-7, Beck Anxiety Inventory, STAI
- **PTSD:** PCL-5, PSS-I, CAPS-5
- **Functioning:** GAF, WHO-DAS, SDS
- **Quality of Life:** SF-36, Q-LES-Q
- **Treatment Alliance:** WAI, HAQ

Monitoring Schedule

Baseline: Comprehensive assessment battery Session 4:
Early progress indicators Session 8: Mid-treatment
assessment Session 12: Treatment outcome measures 3-
month: Follow-up assessment 6-month: Long-term
follow-up 12-month: Maintenance and relapse
prevention check

Treatment Modification Protocols

Indicators for Treatment Modification

- Lack of progress after 4-6 sessions
- Symptom deterioration during treatment
- Emergence of new symptoms or diagnoses
- Change in life circumstances affecting treatment
- Treatment dropout risk factors
- Client request for different approach

Modification Options

- **Intensify Treatment:** Increase session frequency or duration
- **Add Components:** Include group therapy, medication consultation
- **Switch Modalities:** Change therapeutic approach or techniques
- **Address Barriers:** Focus on treatment engagement issues
- **Referral:** Transfer to specialist or different level of care
- **Consultation:** Seek expert consultation on complex case

Documentation Requirements:

All treatment modifications must be documented with clear rationale, client consent, and updated treatment plan. Supervisor consultation required for significant changes.

Special Populations and Adaptations

Children and Adolescents

- Developmentally appropriate language and concepts
- Parent/guardian involvement in treatment
- School-based interventions when appropriate
- Play therapy techniques for younger children
- Peer influence and social factors consideration

Older Adults

- Medical condition considerations
- Medication interactions assessment
- Cognitive screening and adaptation
- Social support and isolation factors
- Grief and loss issues

Cultural Adaptations

- Culturally adapted evidence-based treatments
- Language and communication preferences
- Religious and spiritual integration
- Family and community involvement
- Cultural concepts of mental health and healing

Implementation Guidelines

- **Training Requirements:** All clinicians must receive training in specific evidence-based treatments before implementation
- **Supervision:** Regular supervision required for fidelity to treatment protocols
- **Outcome Monitoring:** Systematic tracking of treatment outcomes and protocol adherence
- **Quality Assurance:** Regular review and updating of protocols based on current research
- **Documentation:** All deviations from standard protocols must be documented and justified