

# Psychological Therapies Spotlight Audit of Practice Tool

This Audit of Practice Tool reviews the care and treatment of service users who ended contact for therapy within the audit period. It collects information on the service user's demographic details, their waiting times, care data and outcome measures if available.

This tool has been developed to assess standards derived from national and professional guidance. A list of the psychological therapy standards is available on the website [www.rcpsych.ac.uk/ncaad](http://www.rcpsych.ac.uk/ncaad) and in the Psychological Therapies Spotlight Implementation Guidance document.

When completing this tool, please keep the Psychological Therapies Audit of Practice Guidance document to hand for reference.

## Service User Inclusion Criteria

An Audit of Practice tool should be completed for each service user who meets the following criteria:

- Aged 18 years and over (no upper age limit);
- Ended contact for psychological therapy during the audit period, excluding follow up if applicable.

**Please note that service users with psychotic disorders (F20 Schizophrenia - F25 Schizoaffective Disorders, F28 Other nonorganic psychotic disorders and F29 Unspecified nonorganic psychosis) are EXCLUDED from the audit.**

A full list of excluded ICD-10 codes can be found in the appendices of the Psychological Therapies Audit of Practice Guidance document.

## Entering the Data

One Audit of Practice Tool should be completed for each service user.

Questions shaded in grey are not applicable to every service user. Please note the guidance at the beginning of the question to identify whether or not you need to complete the question.

If you have any issues or queries, please contact your local NCAAD Audit Lead or the NCAAD project team via email ([ncaad@rcpsych.ac.uk](mailto:ncaad@rcpsych.ac.uk)) or telephone (020 3701 2649/2745).

## UNIQUE IDENTIFIERS

Service ID

*If you do not know the ID please contact your local audit lead or the NCAAD Project Team.*

Data Collector Initials

*We will use this information to contact you should there be any queries with this submission.*

Service User ID

*Each service user has been allocated a unique code to allow for resolution of data issues prior to analysis. This should be completed already - if not, please contact your local audit lead.*

Responsible CCG's ODS code

# SERVICE USER INFORMATION

1 Age at the point of referral

2 Gender

Male

Female

Non-binary/other

Unknown/not documented

3 Ethnicity

White British

White Irish

Any other white background

White and Black Caribbean

White and Black African

White and Asian

Any other mixed background

Indian

Pakistani

Bangladeshi

Any other Asian background

Caribbean

African

Any other Black background

Chinese

Any other ethnic group

Service user declined to answer

Unknown/not documented

4 Sexual Orientation

Heterosexual

Gay/Lesbian

Bisexual

Other

Service user declined to answer

Unknown/not documented

5 Employment status at the point of referral

Employed - less than 16 hours per week

Employed - more than 16 hours per week

Homemaker

Long-term sick/disabled and receiving incapacity benefit, income support etc.

Not receiving benefits and not working or actively seeking work

Retired

Student

Unemployed and seeking work

Unpaid voluntary work, who are not working or actively seeking work

Service user declined to answer

Unknown/not documented

6 Accommodation status at the point of referral

Mainstream housing

Accommodation with criminal justice support

Accommodation with mental health care support

Accommodation with other (not specialist mental health) care support

Acute/long stay healthcare residential facility/hospital

Homeless

Sheltered housing

Other

Service user declined to answer

Unknown/not documented

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Does the service user have a disability according to the definition in the Equality Act 2010?

*Please select ALL that apply*

- |  |   |
|--|---|
| <input type="checkbox"/> No disability   | <input type="checkbox"/> Perception of physical danger              |
| <input type="checkbox"/> Behaviour and emotional                               | <input type="checkbox"/> Personal, self-care and continence         |
| <input type="checkbox"/> Hearing   | <input type="checkbox"/> Progressive conditions and physical health |
| <input type="checkbox"/> Manual dexterity                                      | <input type="checkbox"/> Sight                                      |
| <input type="checkbox"/> Memory or ability to concentrate, learn or understand | <input type="checkbox"/> Speech                                     |
| <input type="checkbox"/> Mobility and gross motor                              | <input type="checkbox"/> Other                                      |
|  | <input type="checkbox"/> Unknown/not documented                     |

	<b>Primary Diagnosis</b> <i>(please select ONE only)</i>	<b>Secondary Diagnosis</b> <i>(please select ALL that apply)</i>
<b>Diagnosis not known/ not recorded</b>	<input type="checkbox"/>	<input type="checkbox"/>
Bipolar affective disorder (F31)	<input type="checkbox"/>	<input type="checkbox"/>
Mild depressive episode (F32.0)	<input type="checkbox"/>	<input type="checkbox"/>
Moderate depressive episode (F32.1)	<input type="checkbox"/>	<input type="checkbox"/>
Severe depressive episode with or without psychotic symptoms (F32.2, F32.3)	<input type="checkbox"/>	<input type="checkbox"/>
Other depressive episode (F32.8, F32.9)	<input type="checkbox"/>	<input type="checkbox"/>
Recurrent depressive disorder (F33)	<input type="checkbox"/>	<input type="checkbox"/>
Other mood [affective] disorders (F34, F38, F39)	<input type="checkbox"/>	<input type="checkbox"/>
Agoraphobia (F40.0)	<input type="checkbox"/>	<input type="checkbox"/>
Social phobias (F40.1)	<input type="checkbox"/>	<input type="checkbox"/>
Specific [isolated] phobias (F40.2)	<input type="checkbox"/>	<input type="checkbox"/>
Other phobic anxiety disorder (F40.78, F40.9)	<input type="checkbox"/>	<input type="checkbox"/>
Panic disorder (F41.0)	<input type="checkbox"/>	<input type="checkbox"/>
Generalised anxiety disorder (F41.1)	<input type="checkbox"/>	<input type="checkbox"/>
Mixed anxiety and depressive disorders (F41.2, F41.3)	<input type="checkbox"/>	<input type="checkbox"/>
Other anxiety disorders (F41.3, F41.8, F41.9)	<input type="checkbox"/>	<input type="checkbox"/>
Obsessive-compulsive disorder (OCD) (F42)	<input type="checkbox"/>	<input type="checkbox"/>
Post-traumatic stress disorder (PTSD) (F43.1)	<input type="checkbox"/>	<input type="checkbox"/>
Other reaction to severe stress and adjustment disorders (F43.0, F43.2, F43.8, F43.9)	<input type="checkbox"/>	<input type="checkbox"/>
Organic, including symptomatic mental disorders (Dementia) (F00 - F09)	<input type="checkbox"/>	<input type="checkbox"/>
Mental and behavioural disorders due to psychoactive substance use (F10-F19)	<input type="checkbox"/>	<input type="checkbox"/>
Behavioural syndromes associated with physiological disturbances and physical factors (F50 - F59)	<input type="checkbox"/>	<input type="checkbox"/>
Disorders of adult personality and behaviour (F60 - F69)	<input type="checkbox"/>	<input type="checkbox"/>
Other diagnoses not listed above	<input type="checkbox"/>	<input type="checkbox"/>
Schizophrenia, schizotypal and delusional disorders (F20 - F29) <b>**service user is excluded**</b>	<input type="checkbox"/>	<input type="checkbox"/>

Problem for which psychological therapy was offered

*Please select ONE only*

- |   |  |
|---|--|
| <input type="radio"/> Bipolar disorder                    | <input type="radio"/> Panic disorder (with or without agoraphobia) |
| <input type="radio"/> Body dysmorphic disorder (BDD)      | <input type="radio"/> Personality disorder                         |
| <input type="radio"/> Depression                          | <input type="radio"/> Post-traumatic stress disorder (PTSD)        |
| <input type="radio"/> Eating disorder                     | <input type="radio"/> Specific (isolated) phobias                  |
| <input type="radio"/> Generalised anxiety disorder        | <input type="radio"/> Social phobia                                |
| <input type="radio"/> Mixed anxiety and depression        | <input type="radio"/> Other anxiety disorder                       |
| <input type="radio"/> Obsessive-compulsive disorder (OCD) | <input type="radio"/> Other reason                                 |

*[IF THERAPY WAS PROVIDED FOR ANY OTHER REASON]If Other, please specify*

# APPOINTMENT DATES AND ATTENDANCE

10 Date referral received (DD/MM/YYYY)

11 Which type(s) of psychological therapy did the service user receive?

*Please select ALL that apply*

Individual Therapy

Family/Couples Therapy

Group Therapy

*Please specify the therapy received under ALL applicable settings*

	Individual Therapy	Group Therapy	Family/Couples Therapy
Acceptance and Commitment Therapy (ACT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Applied relaxation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arts Psychotherapies (e.g. Art, music, movement)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behavioural Activation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behavioural Couples Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cognitive Analytic Therapy (CAT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cognitive Behavioural Therapy (CBT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compassion Focused Therapy (CFT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counselling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dialectical Behavioural Therapy (DBT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dynamic Interpersonal Therapy (DIT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eye Movement Desensitisation and Reprocessing (EMDR)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facilitated Cognitive Behavioural Therapy (CBT) based self-help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guided/Supported Self-help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Humanistic/Person Centred Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrative Psychotherapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal Psychotherapy (IPT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long-term Psychodynamic/Psychoanalytic Psychotherapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mentalisation Based Therapy (MBT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mindfulness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mindfulness Based Cognitive Therapy (MBCT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Narrative Exposure Therapy (NET)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-facilitated Self-help (e.g. books on prescription, unfacilitated cCBT etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Problem Solving Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psycho-Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Short-term Psychodynamic/Psychoanalytic Psychotherapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signposting/Referral Facilitation Schemes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Solution Focused Therapy (SFBT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Structured Exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support and advice in adherence of psychotropic/prescribed medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Systemic/Family Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*If Other, please specify:*

**[ONLY COMPLETE THIS SECTION IF INDIVIDUAL THERAPY RECEIVED]** Individual Therapy

12 Date of **first** appointment (DD/MM/YYYY)

13 What was the reason for this **first** appointment?

<input type="radio"/> Assessment only	<input type="radio"/> Assessment and treatment
<input type="radio"/> Treatment only	<input type="radio"/> Unknown/not documented

14 Date of **first treatment** appointment (DD/MM/YYYY)

15 Date of **last treatment** appointment (DD/MM/YYYY)

16 How many sessions did the service user attend?

17 What was the reason for therapy ending?

<input type="radio"/> Completed treatment	<input type="radio"/> Not suitable for the service
<input type="radio"/> Deceased	<input type="radio"/> Referral to another service
<input type="radio"/> Declined treatment	<input type="radio"/> Unknown/not documented
<input type="radio"/> Service user discontinued (dropped out of) treatment	<input type="radio"/> Other

*If Other, please state*



**[ONLY COMPLETE THIS SECTION IF GROUP THERAPY RECEIVED]** Group Therapy

18 Date of **first** appointment (DD/MM/YYYY)

19 What was the reason for this **first** appointment?  
 Assessment only  Assessment and treatment  
 Treatment only  Unknown/not documented

20 Date of **first treatment** appointment (DD/MM/YYYY)

21 Date of **last treatment** appointment (DD/MM/YYYY)

22 How many sessions did the service user attend?

23 What was the reason for therapy ending?  
 Completed treatment  Not suitable for the service  
 Deceased  Referral to another service  
 Declined treatment  Unknown/not documented  
 Service user discontinued (dropped out of) treatment  Other  
*If Other, please state*

**[ONLY COMPLETE THIS SECTION IF FAMILY/COUPLES THERAPY RECEIVED]** Family/Couples Therapy

24 Date of **first** appointment (DD/MM/YYYY)

25 What was the reason for this **first** appointment?

<input type="radio"/> Assessment only	<input type="radio"/> Assessment and treatment
<input type="radio"/> Treatment only	<input type="radio"/> Unknown/not documented

26 Date of **first treatment** appointment (DD/MM/YYYY)

27 Date of **last treatment** appointment (DD/MM/YYYY)

28 How many sessions did the service user attend?

29 What was the reason for therapy ending?

<input type="radio"/> Completed treatment	<input type="radio"/> Not suitable for the service
<input type="radio"/> Deceased	<input type="radio"/> Referral to another service
<input type="radio"/> Declined treatment	<input type="radio"/> Unknown/not documented
<input type="radio"/> Service user discontinued (dropped out of) treatment	<input type="radio"/> Other

*If other, please state*

30 Were there any other outcome measures completed?

Yes

No

Please enter the outcome scores you have for this service user

	Initial Score	Last/Most Recent Score
Appearance Anxiety Inventory (AAI)	<input type="text"/>	<input type="text"/>
Beck Anxiety Inventory (BAI)	<input type="text"/>	<input type="text"/>
Beck Depression Inventory (BDI)	<input type="text"/>	<input type="text"/>
Body Image Disturbance Questionnaire (BIDO)	<input type="text"/>	<input type="text"/>
Brown Assessment of Beliefs Scale (BABS)	<input type="text"/>	<input type="text"/>
Centre for Epidemiological Studies - Depression Scale (CES-D)	<input type="text"/>	<input type="text"/>
Clinical Outcomes in Routine Evaluation (CORE-10)	<input type="text"/>	<input type="text"/>
Clinical Outcomes in Routine Evaluation - Outcome Measure (CORE-OM)	<input type="text"/>	<input type="text"/>
Clinician-administered PTSD scale for DSM-5 (CAPS-5)	<input type="text"/>	<input type="text"/>
Dysmorphic Concern Questionnaire (DCQ)	<input type="text"/>	<input type="text"/>
DIALOG	<input type="text"/>	<input type="text"/>
EuroQOL Five Dimensions Questionnaire (EQ-5D)	<input type="text"/>	<input type="text"/>
Generalised Anxiety Disorder Assessment (GAD-7)	<input type="text"/>	<input type="text"/>
General Health Questionnaire (GHQ)	<input type="text"/>	<input type="text"/>
Geriatric Depression Scale (GDS)	<input type="text"/>	<input type="text"/>
Hamilton Anxiety Rating Scale	<input type="text"/>	<input type="text"/>
Hamilton Depression Rating Scale	<input type="text"/>	<input type="text"/>
Health of the Nation Outcome Scale (HoNOS)	<input type="text"/>	<input type="text"/>
Health of the Nation Outcome Scale 65+ (HoNOS 65+)	<input type="text"/>	<input type="text"/>
Hospital Anxiety and Depression Scale (HADS)	<input type="text"/>	<input type="text"/>
Impact of Events Scale - Revised (IES-R)	<input type="text"/>	<input type="text"/>
Inventory of Interpersonal Problems (IIP)	<input type="text"/>	<input type="text"/>
Leibowitz Social Anxiety Scale (LSAS)	<input type="text"/>	<input type="text"/>
Major Depression Inventory (MDI)	<input type="text"/>	<input type="text"/>
Montgomery-Asberg Depression Rating Scale (MADRS)	<input type="text"/>	<input type="text"/>
Obsessive Compulsive Inventory (OCI)	<input type="text"/>	<input type="text"/>
Panic and Agoraphobia Scale (PAS)	<input type="text"/>	<input type="text"/>
Panic Disorder Severity Scale (PDSS)	<input type="text"/>	<input type="text"/>
Patient Health Questionnaire (PHQ-9)	<input type="text"/>	<input type="text"/>
Questionnaire about Process of Recovery (QPR)	<input type="text"/>	<input type="text"/>

Recovering Quality of Life (ReQoL)

Social Phobia Inventory (SPIN)

Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS)

Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS)

Work and Social Adjustment Scale (WSAS)

Yale-Brown Obsessive Compulsive Scale (Y-BOCS)

Yale Brown Obsessive Compulsive Scale Modified for BDD (BDD-YBOCS)

Please enter the details of any other outcome measures used that are not listed above.

**Name (in full)**

**Initial Score**

**Last/Most Recent Score**

**Thank you for participating in the NCAAD Psychological Therapies  
Spotlight Audit**