



## **Questionnaire 2:**

# **Therapist Questionnaire**

**This questionnaire should be filled in by EVERY therapist/worker, whose service is taking part in the National Audit of Psychological Therapies for Anxiety and Depression (NAPT).**

**Please refer to the guidance notes at the end of this questionnaire.**

**If you need help completing this questionnaire, please call the NAPT Project Team on**

**020 7977 4974**

## PART A: BACKGROUND INFORMATION

1. Lead organisation code:

2. Service code:

3. How many hours per week do you work for this service?

4. In an average week, how many hours do you spend in direct contact with patients?

5. Which best describes your current core profession / occupation?

- |  |   |   |  |
|--|---|---|--|
| Arts Psychotherapist <input type="checkbox"/>          | Clinical Psychologist <input type="checkbox"/>                | Cognitive Analytic Therapist <input type="checkbox"/>       | Cognitive Behavioural Therapist <input type="checkbox"/> |
| Counsellor <input type="checkbox"/>                    | Counselling Psychologist <input type="checkbox"/>             | Dynamic / Analytic Psychotherapist <input type="checkbox"/> | General Practitioner <input type="checkbox"/>            |
| Graduate Mental Health Worker <input type="checkbox"/> | High Intensity Worker <input type="checkbox"/>                | Nurse/Mental Health Nurse <input type="checkbox"/>          | Occupational Therapist <input type="checkbox"/>          |
| Psychiatrist <input type="checkbox"/>                  | Psychological Wellbeing Practitioner <input type="checkbox"/> | Social Worker <input type="checkbox"/>                      | Systemic Therapist <input type="checkbox"/>              |
| Trainee <input type="checkbox"/>                       | Other <input type="checkbox"/>                                |   |  |

If **Other** or **Trainee**, please specify below:

## PART B: THERAPIES DELIVERED & QUALIFICATIONS

6. Please indicate in the grid below which therapies you CURRENTLY deliver and how you developed your expertise.

Please indicate the highest level of training you have received for each therapy you currently deliver.

(Please tick ✓ all that apply and leave blank any that are not applicable)

### High Intensity Therapies

	<i>No formal training</i>	<i>Working with supervision (without training)</i>	<i>Short workshops - up to 10 days</i>	<i>Formal training completed (see question 7 below)</i>	<i>Currently undertaking formal training</i>
Cognitive-behavioural therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person-centred (or other humanistic) therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Solution-focused therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychodynamic/psychoanalytic therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behavioural activation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cognitive analytic therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Systemic/family therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arts psychotherapies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mindfulness-based cognitive therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dialectical behaviour therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counselling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eye movement desensitisation & reprocessing therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem-solving therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Couples therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Low Intensity Therapies**

	<i>No formal training</i>	<i>Working with supervision (without training)</i>	<i>Short workshops - up to 10 days</i>	<i>Formal training (see question 7 below)</i>	<i>Currently undertaking formal training</i>
computerised Cognitive-behavioural therapy - <b>FACILITATED</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guided/facilitated self-help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psycho-education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pure self-help (e.g. books on prescription, unfacilitated cCBT via DVD, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signposting/referral facilitation schemes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Structured exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support and advice in adherence of antidepressant/GP-prescribed medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Other High/Low Intensity Therapies**

	<i>No formal training</i>	<i>Working with supervision (without training)</i>	<i>Short workshops- up to 10 days</i>	<i>Formal training (see question 7 below)</i>	<i>Currently undertaking formal training</i>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*If Other High/Low Intensity Therapies, please provide details below:*

**7. Please state the formal training you have received for the therapies indicated in the grid above (Q6).**

- |                                |                          |                                    |                          |
|--------------------------------|--------------------------|------------------------------------|--------------------------|
| <b>a) Doctorate</b>            | <input type="checkbox"/> | <b>b) MSc / MA course</b>          | <input type="checkbox"/> |
| <b>c) Postgraduate diploma</b> | <input type="checkbox"/> | <b>d) Postgraduate certificate</b> | <input type="checkbox"/> |
| <b>e) Other diploma</b>        | <input type="checkbox"/> | <b>f) Other certificate</b>        | <input type="checkbox"/> |
| <b>g) Other</b>                | <input type="checkbox"/> |                                    |                          |

*If **Other**, please specify below:*

## PART C: REGISTRATION

8. **Are you currently registered as a clinical practitioner with a professional body?**  
(Please tick ✓ the appropriate box)

Yes  No

9. **If yes, please tick the relevant professional bodies below:**  
(Please tick ✓ all that apply)

BAAT	<input type="checkbox"/>	BABCP	<input type="checkbox"/>	BACP	<input type="checkbox"/>
BPC	<input type="checkbox"/>	BPS	<input type="checkbox"/>	GMC	<input type="checkbox"/>
HPC	<input type="checkbox"/>	IGA	<input type="checkbox"/>	NMC	<input type="checkbox"/>
UKCP	<input type="checkbox"/>	Other	<input type="checkbox"/>		

If **Other**, please give details below:

**\*\*This is the end of the questionnaire\*\***

**Thank you for completing it.**

© 2010 Royal College of Psychiatrists

## Guidance Notes

### **Q1: Lead organisation code**

Your lead organisation code is known only to the NAPT project team, your organisation and the services within. It will allow you to identify your own data in reports, but remain anonymous to other participating organisations. If you do not know your lead organisation code, please contact the NAPT audit lead in your organisation/service who has a record of the code. If you do not know who your audit lead is, please contact the NAPT project team (details on the front sheet).

### **Q2: Service code**

Your service code is only known to the NAPT project team, your organisation and your service, allowing you to identify individual services from data presentations whilst remaining anonymous to others viewing the data. If you do not know your service code, please contact the NAPT audit lead in your organisation/service who has a record of the code. If you do not know who your NAPT audit lead is, please contact the NAPT project team (details on the front sheet).

### **Q3: How many hours per week do you work for this service?**

Please include the hours you are employed, contracted, or volunteered to work for this service **per week**. If you are a trainee or an honorary member of staff, please state the hours per week you spend in this service, including supervision and observations.

### **Q4: How many hours per week do you spend in direct contact with patients?**

Please include face-to-face, as well as telephone, contact with a patient.

### **Q5: Which best describes your current core profession/occupation?**

Please tick the option that best describes your profession in this service. If you have more than one core profession please feel free to tick more than one box. If you are working for more than one service, please complete one form per service.

### **Q6: Please indicate in the grid below which therapies you currently deliver and how you developed your expertise**

'Working with supervision' includes all therapies delivered that are being subsequently discussed with a supervisor, or those that have a supervisor present during the session. However, please note that this will only apply if you have not undertaken any other specific training for delivering this intervention. If you are a trainee and receiving formal training, please tick 'currently undertaking formal training'.

If you are delivering an INTEGRATIVE THERAPY, please tick all the therapies that constitute this approach.

### **Q7: Please state the formal training you have received for the therapies indicated in the grid above**

Please tick only those qualifications that have been obtained in order to deliver those therapies indicated in the previous question. If you have not received any formal training for the therapies you deliver or you not yet completed your formal training, please leave this section blank.

**Q9: Please tick the relevant professional bodies below**

Please select the professional bodies with which you are registered. We recognise that the list is not exhaustive, so please give details of other professional bodies not listed in the 'other' box below.