

# National Clinical Audit of Anxiety and Depression (NCAAD)

## Psychological Therapies Spotlight Audit

### THERAPIST SURVEY

As you may be aware, your service is participating in a spotlight audit focusing on the provision of psychological therapies for people in secondary care, which is part of the National Clinical Audit of Anxiety and Depression (NCAAD). The NCAAD is part of the National Clinical Audit and Patient Outcomes Programme (NCAPOP) which aims to help improve health outcomes by enabling those who commission, receive and deliver services to measure and improve them.

All members of staff who provide psychological therapy as part of their role in your service are being asked to complete this questionnaire (including assistant psychologists, trainees, voluntary and honorary members of staff).

The questions in this questionnaire ask about the training, supervision and support you receive in your role with the service. Feedback from therapists is an important aspect of the audit process. The data collected will be summarised in national and service level reports which aim to highlight areas of good practice and opportunities for improvement.

By submitting this form, you consent to the use of your answers in the national audit programme. Further information about how we process your data can be found in our privacy notice here: [www.rcpsych.ac.uk/aboutthecollege/dataprotection/privacynoticenationalaudits.aspx](http://www.rcpsych.ac.uk/aboutthecollege/dataprotection/privacynoticenationalaudits.aspx)

#### Confidentiality

Your name is not required on this questionnaire. All data will be fed back collectively, not on an individual basis, so we will not be able to identify your personal responses. Your answers are confidential and cannot be linked to you.

#### How to complete the survey

Please complete these questions based on your work in this service only. If you also provide therapy for another service registered for NCAAD, you will be asked to complete a separate questionnaire for your work for that service.

It should take you no longer than **5 minutes** to complete the questionnaire.

Please complete this questionnaire online by **31 January 2019**.

If you have any questions or wish to find out more about the NCAAD, please visit our website ([www.rcpsych.ac.uk/ncaad](http://www.rcpsych.ac.uk/ncaad)) or contact the NCAAD team on [ncaad@rcpsych.ac.uk](mailto:ncaad@rcpsych.ac.uk).

#### Service ID

*If you do not know the ID, please contact the local audit lead from your Trust/organisation or the NCAAD project team.*

**Please note, if you enter this incorrectly we will NOT be able to process your submission.**

2 How many hours a week, on average do you work for this service?

*Please enter in numerical form only (e.g. 35, 37.5 etc)*

3 How many hours a week, on average do you spend in direct contact with service users, providing psychological therapy?

*Please enter in numerical form only (e.g. 35, 37.5 etc)*

4 Which of the follow best describes your current core profession/occupation?

- |   |  |
|---|--|
| <input type="radio"/> Arts Psychotherapist            | <input type="radio"/> Occupational Therapist                       |
| <input type="radio"/> Clinical Psychologist           | <input type="radio"/> Psychiatrist                                 |
| <input type="radio"/> Cognitive Analytic Therapist    | <input type="radio"/> Psychodynamic/Psychoanalytic Psychotherapist |
| <input type="radio"/> Cognitive Behavioural Therapist | <input type="radio"/> Psychological Therapist                      |
| <input type="radio"/> Counsellor                      | <input type="radio"/> Psychological Wellbeing Practitioner (PWP)   |
| <input type="radio"/> Counselling Psychologist        | <input type="radio"/> Social Worker                                |
| <input type="radio"/> General Practitioner            | <input type="radio"/> Systemic/Family Therapist                    |
| <input type="radio"/> Graduate Mental Health Worker   | <input type="radio"/> Trainee                                      |
| <input type="radio"/> Nurse/Mental Health Nurse       | <input type="radio"/> Other  |
| <input type="radio"/> Medical Psychotherapist         |  |

*If Other or Trainee, please specify:*



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

6 Are you currently registered as a clinical practitioner with a professional or regulatory body?

Yes

No

7 **[ONLY ANSWER IF YES TO Q6]** Please select the professional or regulatory bodies you are currently registered with as a clinical practitioner

*Please select ALL that apply*

Association for Cognitive Analytic Therapy (ACAT)

British Association for Art Therapists (BAAT)

British Association for Behavioural and Cognitive Psychotherapies (BABCP)

British Association for Counselling Psychotherapy (BACP)

British Psychoanalytic Council (BPC)

British Psychological Society (BPS)

College of Sexual Relationship Therapists (COSRT)

Eye Movement Desensitisation and Reprocessing UK & Ireland (EMDR)

Federation of Drug & Alcohol Professional (FDAP)

General Medical Council (GMC)

Health & Care Professions Council (HCPC)

Institute of Group Analysis (IGA)

Nursing and Midwifery Council (NMC)

UK Association of Humanistic Psychology Practitioner (UKAHPP)

United Kingdom Council for Psychotherapy (UKCP)

Other

*If Other, please specify:*

8 Do you receive formal clinical supervision for your psychological therapy work in this service?

*Please indicate the type of supervision you receive*

Individual

Individual and Group

Group

I do not receive formal supervision

9 To what extent do you agree with the following statement?

*'The clinical supervision I receive from this service is sufficient to meet the requirements of my professional body'*

Strongly Disagree

Disagree

Neutral

Agree

Strongly Agree

N/A - I am not registered with a professional body

10 Did you have an appraisal in the last 12 months as part of your psychological therapy role within this service?

Yes

Not Applicable

No

Prefer not to say

11 To what extent do you agree with the following statement?

*'The Continuing Professional Development (CPD) support I receive from this service is sufficient to meet the requirements of my professional body'*

Strongly Disagree

Disagree

Neutral

Agree

Strongly Agree

N/A - I am not registered with a professional body

12 In your role in this service, do you supervise any other psychological therapists' clinical work?

Yes

No

13 **[ONLY ANSWER IF YES TO Q12]** Have you received training to supervise others in their psychological therapist roles?

Yes

No

**Thank you for completing this questionnaire**

Please use the button below to submit your data

*You will NOT be able to make any changes after submitting, so please ensure you have double checked your answers*