Supplementary File 02

COMPASS-Hub Fidelity checklist

# Frequency of contacts and duration of journey

|  |  |  |
| --- | --- | --- |
|  | **Yes/ No/ Don’t know** | **Detail** |
| Was the individual on the Compass journey for 10 weeks? |  |  |
| Did the individual have 5 phone appointments? |  |  |
| If No, did the individual have at least 3 phone appointments? |  |  |
| Was the frequency of appointments every 2 weeks? |  |  |
| Did the individual receive the initial welcome message? |  |  |
| Did the individuals receive a tailored end of journey message, if applicable? |  |  |
| Further information on frequency of contacts and duration of Compass journey |  | |

# Risk

|  |  |  |  |
| --- | --- | --- | --- |
| **Risk is flagged** | **Yes/ No/ Don’t know** | **Rating**  **1 2 3 4 5 6 7**  **not at all some considerable extensive**  **attempt attempt attempt** | **How long until resolved?**  **Details.** |
| If risk is flagged, is this managed and resolved? |  |  |  |
| Is Risk Review form completed? |  |  |  |

# Content of contacts

|  |  |
| --- | --- |
| **Does therapist fully complete applicable contact forms?** | **Rating**  **1 2 3 4 5 6 7**  **not at all some considerable extensive**  **attempt attempt attempt**  (N/A if not applicable) |
| Patient Review (message or phone) |  |
| Supervision |  |

## - Welcome message

|  |  |  |  |
| --- | --- | --- | --- |
| **Does the welcome message contain the following?** | **Yes/No** | **Rating**  **1 2 3 4 5 6 7**  **not at all some considerable extensive**  **attempt attempt attempt** | **Detail** |
| Introduce therapist and therapist’s role |  |  |  |
| Explain the purpose of the support |  |  |  |
| Set realistic expectations   * 1. Mode of contact   2. Frequency of contact   3. What ‘appointment’ means |  |  |  |
|  |  |  |
|  |  |  |
| Explain the rationale for collecting mood outcomes over time. |  |  |  |

## - Therapy messages/phone calls

|  |  |  |  |
| --- | --- | --- | --- |
| **Does therapy message/discussion include the five components?** | **Yes/No** | **Rating**  **1 2 3 4 5 6 7**  **not at all some considerable extensive**  **attempt attempt attempt** | **Detail** |
| 1) Comment on the patient’s progress with Compass with lots of positive reinforcement (e.g. reflecting on how many times they have logged in, time spent logged in). |  |  |  |
| 2) Comment on the tasks and goals completed in the sessions and make suggestions about the most appropriate therapy sessions to continue with in between your supported sessions. |  |  |  |
| 3) Respond to messages, questions or concerns raised by the patient. If applicable, use their words to reflect things back to the patient. |  |  |  |
| 4) Comment on mood-scores if relevant and seems appropriate (e.g. if mood has deteriorated, improved or remained the same for a consistent period of time). |  |  |  |
| 5) End the message/session with a clear plan. |  |  |  |
| Does therapist express empathy and include positive reinforcement throughout? |  |  |  |

Repeat table for each message

## - Contact for specific sessions

In some sessions, it is specifically recommended to patients to contact the therapist, and suggested that even if the client has not contacted regarding these sessions, it may be worth spending time focusing on their completed tasks, goals and reflections in relation to these sessions.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Was contact made on these sessions?** | **Yes, by patient** | **Yes, by therapist** | **Patient completed section, but no contact about this section** | **Patient did not complete section** |
| Managing uncertainty - expressing emotions. |  |  |  |  |
| Power of thoughts. |  |  |  |  |
| Managing symptoms - fatigue/pain thoughts. |  |  |  |  |
| Personal relationships – particularly if the patient feels that he/she has no support. |  |  |  |  |
| Professional relationships - increasing assertiveness; help for managing emotions and feelings. |  |  |  |  |
| Healthy lifestyle- general section |  |  |  |  |
| Healthy lifestyle - medication challenges |  |  |  |  |
| Healthy lifestyle - symptom confusion and monitoring. |  |  |  |  |
| I'm me, not my LTC. |  |  |  |  |

## - Message/discussion when patient sets goals by does not mark them as complete

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes/No** | **Rating**  **1 2 3 4 5 6 7**  **not at all some considerable extensive**  **attempt attempt attempt** | **Detail** |
| Did therapist comment on this? |  |  |  |
| Explore why this might be |  |  |  |

## - Message/discussion when patient’s mood scores have deteriorated by 5 or more on PHQ9 or GAD7

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes/No** | **Rating**  **1 2 3 4 5 6 7**  **not at all some considerable extensive**  **attempt attempt attempt** | **Detail** |
| Did therapist comment on this? |  |  |  |
| Explore why this might be |  |  |  |

## - Message/discussion when patient reports worsened symptoms in relation to their physical health

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes/No** | **Rating**  **1 2 3 4 5 6 7**  **not at all some considerable extensive**  **attempt attempt attempt** | **Detail** |
| Did therapist comment on this? |  |  |  |
| Express empathy |  |  |  |
| Suggest they talk to healthcare team if it is concerning them |  |  |  |

## - Message/discussion when patient states that Compass is not working

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes/No** | **Rating**  **1 2 3 4 5 6 7**  **not at all some considerable extensive**  **attempt attempt attempt** | **Detail** |
| Did therapist praise and thank the person for feeling able to say this? |  |  |  |
| Normalise the experience |  |  |  |
| Explore why they feel it is not working for them |  |  |  |
| Express empathy |  |  |  |
| Switch to a different journey through Compass if appropriate |  |  |  |
| Switch to a different treatment if appropriate |  |  |  |

## - Message when patient asks to finish Compass early

If applicable.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes/No** | **Rating**  **1 2 3 4 5 6 7**  **not at all some considerable extensive**  **attempt attempt attempt** | **Detail** |
| Did therapist explore why this is? |  |  |  |
| Explore options |  |  |  |

## - Message when patient requests a pause in Compass journey

If applicable.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes/No** | **Rating**  **1 2 3 4 5 6 7**  **not at all some considerable extensive**  **attempt attempt attempt** | **Detail** |
| Did therapist explore why this is? |  |  |  |
| Did the therapist pause the sessions? |  |  | For how long? |

## - Ending message/discussion

|  |  |  |  |
| --- | --- | --- | --- |
| **Does the final message…** | **Yes/No** | **Rating**  **1 2 3 4 5 6 7**  **not at all some considerable extensive**  **attempt attempt attempt** | **Detail** |
| Reply to any final messages from the patient? |  |  |  |
| Recap on the patient’s progress? |  |  |  |
| Draw out their strengths? |  |  |  |
| Provide patient’s with advice on how to use Compass independently? |  |  |  |
| Make it clear that the patient will not be able to message therapist once discharge but that they will continue to have access to Compass? |  |  |  |
| Include any relevant information as appropriate, such as request to end treatment, offering any other treatments, discharge from service etc.? |  |  |  |