***Index of service support for the delivery of CBT***

***Evans, Penny & Waddington (2022)***

The index provides a valid and reliable index of service support for delivering CBT and is positively related to engagement and wellbeing among CBT practitioners.

| *Standard 1: Access to physical resources* | Yes | No | Don’t know |
| --- | --- | --- | --- |
| 1a. In practice, do you have access to video recording and video play back for use in your clinic room (or other suitable, accessible and appropriate clinical environment)? (Note: if you are using your personal equipment, answer NO and explain this in notes).  | Yes | No |  |
| 1b. In practice, do you have access to video / audio play back equipment for use as part of supervision and/or clinical self- reflection? (Note: if you are using your personal equipment, answer YES and explain this in notes).  | Yes | No |  |
| 1c. Are protocols and permissions in place to enable the recording of clinical sessions? | Yes | No | Don’t Know |
| 1d. Do you have access to a suitable environment for listening/watching recordings of clinical sessions? | Yes | No |  |
| 1e. In practice, can you access the internet to use resources such as YouTube and other publicly available material as and when required by the treatment protocol?  | Yes | No |  |

| *Standard 2: Suitability of the clinical environment.*  | Yes | No | Don’t know |
| --- | --- | --- | --- |
| 2a. Safety: Is the clinic room that you use set out in such a way that reasonably ensures the safety of therapist and client? (e.g. consider emergency exit, availability of panic alarms, any safeguards or procedures to deal with violent incidents, etc.) | Yes | No |  |
| 2b. Is the clinic room that you use ‘fit for purpose’ as described above? (e.g. consider fittings, furniture, equipment, etc.)  | Yes | No |  |
| 2c. Accessibility: Does the clinic room that you use allow for the safe and appropriate treatment of | Yes | No |  |
| 2d. Confidentiality: Does the clinic room that you use allow communication to remain confidential?  | Yes | No |  |

| *Standard 3: Clinical supervision*  | Yes | No | Don’t know |
| --- | --- | --- | --- |
| 3a. Is the type of supervision you receive adequate for you to deliver treatment which closely approximates that of the RCTs in the NICE guidance? | Yes | No |  |
| 3b. Is the quantity (e.g. frequency, duration, enough time to discuss your own cases if supervision is in a group) of your supervision sufficient for you to deliver treatment which closely approximates that of the RCTs in the NICE guidance?  | Yes | No |  |
| 3c. Are the knowledge, skills and experience of the supervisor well matched to the type of treatment protocols you use?  | Yes | No |  |

| *Standard 4: Time to offer flexible sessions and prepare* | Yes | No | Don’t know |
| --- | --- | --- | --- |
| 4a. In practice, are you able to offer extended sessions of up to 90 minutes when appropriate? | Yes | No |  |
| 4b. In practice, are you able to offer bi-weekly (twice weekly) appointments when appropriate? | Yes | No |  |
| 4c. Is your allocated admin time sufficient to review audio or video material for the purpose of reflection and/or preparation for supervision? (Note: ‘admin time’ refers to non face-to-face therapy activity, for example designated time to review notes, write reports, prepare for sessions, etc.). | Yes | No |  |
| 4d. Does your service allow for an extended number of sessions if required, in line with NICE guidance? | Yes | No |  |

| *Standard 5: Working outside the clinic*  | Yes | No | Don’t know |
| --- | --- | --- | --- |
| 5a. In practice, are you able to treat clients outside of the clinic as and when required by the treatment protocol?  | Yes | No |  |
| 5b. Are protocols and permissions in place to enable you to assess and treat patients outside of the clinic? (e.g. lone working policy, risk management protocol).  | Yes | No | Don’t Know |

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| *Standard 6: Continuous Professional Development*  | Yes | No | Don’t know |
| --- | --- | --- | --- |
| 6a. Do you have a Professional Development Plan (PDP) in place which sufficiently identifies CBT specific training priorities for yourself and places these in the context of CBT training needs for the service?  | Yes | No |  |
| 6b. Is the PDP monitored and supported in line with trust wide standards? (e.g. one appraisal per year and 6 monthly reviews).  | Yes | No |  |
| 6c. Does the service have a clear policy specifying an allocation of time and resource to spend on CPD activity per week or per month?  | Yes | No |  |