**Clinician Baseline Questionnaire:**

Thank you for joining our study!  Please answer the following items to the best of your ability. None of your responses will be tied to your name.

1. Please list your study ID in a four-digit format (e.g., 1003, 3087, 5113): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Date of survey completion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Survey completed by:

* By clinician, online
* By clinician on paper

4. Your research site:

* Private practice (enter name and location of practice) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* MGH (including MGH Chelsea HealthCare Center, MGH affiliates, and Lynn Community Health Center)
* VA Hospital
* VA CBOC
* Philadelphia Community Health Clinic
* DOD

**Answer question 5 only if your research site is at Philadelphia Community Health Clinic**

5. Within the Philadelphia Community Health Clinic research site, which specific clinic/program?

* Cognitive Behavioral Services - Adult Outpatient
* COMHAR - Adult Outpatient
* Consortium- Adult Outpatient
* Consortium - Adult IOP
* Horizon House - Adult Outpatient
* NET - Adult IOP
* PATH - Adult Outpatient
* WEDGE - Adult Outpatient
* WEDGE - Adult IOP
* Other: \_\_\_\_\_\_

*One page down!*

**Answer question 6 only if your research site is at MGH**

6. Within the MGH research site, which specific clinic/program?

* MGH Chelsea HealthCare Center
* Other MGH affiliation
* Lynn Community Health Center

7. Your primary clinical practice takes place in what type of setting?

* Urban
* Suburban
* Rural

1. To which gender identity do you most identify?

* Female
* Male
* Transgender Female/Trans woman/ Male-to-female (MTF)
* Transgender Male/ Trans man/ Female-to-male (FTM)
* Gender Variant/Non-Conforming/Genderqueer
* Not Listed (Please specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Prefer not to say

1. Age (please include the number of years only): \_\_\_\_\_\_\_\_
2. Ethnicity:

* Not Hispanic/Latino
* Hispanic/Latino, *please specify:*
  + Salvadorian
  + Puerto Rican
  + Honduran
  + Guatemalan
  + Mexican
  + Dominican
  + Colombian
  + Other (Please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11. Race (Check all that apply):

* American Indian or Alaska Native
* Asian
* Black or African American
* Native Hawaiian or Other Pacific Islander
* White (European descent)
* White (Middle Eastern/North African descent)
* Hispanic or Latino
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

12. Highest degree:

* BA, BS, or equivalent
* MA/MSc
* DN or DSW
* MSN/MHS, or equivalent
* NP/CNS
* LCSW/MSW
* MFT
* PhD or PsyD
* MD
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

13. Which of the following best reflects your current profession? (check the best option)

* Nurse
* Psychologist
* Psychology or Rehabilitation Technician
* Psychiatrist
* Other Physician
* Occupational Therapist
* Social Worker
* Substance Abuse Counselor
* Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

14. Which of the following most closely fits your current role?

* Practicum Student
* Intern
* Postdoc/unlicensed
* Independent practitioner currently receiving training in Cognitive Behavioral Therapy (CBT) or Cognitive Processing Therapy (CPT)
* Independent practitioner previously trained in CBT or CPT

***Only answer question 15 if you are a student, intern or a Postdoc***

15. Describe your supervisor’s training (check all that apply):

* Received certified training in CBT
* Received certified training in CPT
* None of the above

16. How many years have you been delivering psychotherapy? (only include number, e.g., 12)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

17. On average, how many direct (i.e., face-to-face) hours per week are you ***currently*** providing psychotherapy to clients? (only include number, e.g., 20)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

18. Approximately how many active **individua**l treatment cases are you currently providing psychotherapy to?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

19. Approximately how many active **individuals** in group treatment are you ***currently*** providing psychotherapy to?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

20. With what percent of your caseload have you used cognitive behavioral approaches**IN THE PAST YEAR**?

* Less than 10%
* 10%-25%
* 25%- 50%
* 50-75%
* 75%- 100%

21. Of those with whom you've used a cognitive behavioral approach, with what percentage have you intended to use a manualized protocol (e.g., CBT for Panic, CPT for PTSD, ect.)?

* Less than 10%
* 10%-25%
* 25%- 50%
* 50-75%
* 75%- 100%

22. Of those treated with CBT or CPT, with what percentage have you completed at least 8 sessions (or for protocols that are less than 8 sessions, completed protocol)?

* Less than 10%
* 10%-25%
* 25%- 50%
* 50-75%
* 75%- 100%

**If your current work affiliation is VA Hospital, VA CBOC, or DOD, please answer question 20:**

23. Which VA rollout trainings did you complete? Check all that apply.

* CBT for Depression
* Prolonged Exposure
* CPT
* CBT for Insomnia
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

24. How many evidence-based treatments for depression, anxiety disorders or PTSD have you obtained at least a day of training and 1 case with supervision outside of your formal training?

* None
* 1
* 2-3
* 4 or more

25. Have you audio or video recorded psychotherapy sessions and received supervision/feedback in the context of learning to deliver an EBP or psychotherapeutic intervention?

* Yes; Please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* No

26. Do you use Cognitive Behavioral Therapy (CBT) and/or Cognitive Processing Therapy (CPT)?

* Cognitive Behavioral Therapy (CBT) **only** [in this case, skip all questions pertaining to Cognitive Processing Therapy (CPT)]
* Cognitive Processing Therapy (CPT) **only** [in this case, skip all questions pertaining to Cognitive Behavioral Therapy (CBT)]
* Both CBT and CPT

27. Where/how have you received your CBT and/or CPT training? Please check all that apply for CBT and/ or CPT.

If you have only been trained in **Cognitive Behavioral Therapy (CBT)**, please leave the **Cognitive Processing Therapy (CPT)** column blank.

If you have only been trained in **CPT**, please leave the **CBT** column blank.

* None – I have not been trained in CPT or CBT (skip to question #25)

|  |  |  |
| --- | --- | --- |
|  | Cognitive Behavioral Therapy (CBT) | Cognitive Processing Therapy (CPT) |
| Supervised training in graduate school |  |  |
| A class in graduate school (no supervision) |  |  |
| On internship or in residency |  |  |
| (Outside my formal training) Through a VA rollout |  |  |
| (Outside my formal training) Workshop only |  |  |
| (Outside my formal training) Web only |  |  |
| (Outside my formal training) Workshop followed by formal consultation |  |  |
| (Outside my formal training) Workshop followed by informal consultation (e.g., from colleagues, as needed) |  |  |
| (Outside my formal training) Web followed by formal consultation |  |  |
| (Outside my formal training) Web followed by informal consultation |  |  |
| Read manual only |  |  |
| Read manual followed by formal consultation |  |  |

***Please only answer questions 25-31 if you use Cognitive Behavioral Therapy (CBT):***

28. Have you been credentialed or certified in any form of CBT through a process that required some sort of test or review of a session recording?

* Yes
* No

29. Are you on the VA CBT for Depression Provider Roster?

* Yes
* No

30. How many months has it been since you completed your initial CBT training and/or consultation? (only include number e.g., 24)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

31. Have you provided CBT sessions in ***the past month***?

* Yes
* No

32. How confident have you been in your delivery of CBT ***this past month?***

* Very confident
* Quite confident
* A little confident
* Not at all confident
* N/A

*Keep going! You’re almost half way!*

***Please only answer questions 32-38 if you use Cognitive Processing Therapy (CPT):***

33. Have you been credentialed or certified in any form of CPT through a process that required some sort of test or review of a session recording?

* Yes
* No

34. Are you on the CPT Provider Roster?

* Yes
* No

35. How many months has it been since you completed your initial CPT training and/or consultation? (only include number e.g., 24)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

36. Have you provided CPT sessions in ***the past month***?

* Yes
* No

37. How confident have you been in your delivery of CPT ***this past month?***

* Very confident
* Quite confident
* A little confident
* Not at all confident
* N/A

38. ***In the past month,*** have you made any of the following adaptations or changes? (check all that apply)

If you only use **Cognitive Behavioral Therapy (CBT)**, please leave the **Cognitive Processing Therapy (CPT)** column blank.

If you only use **Cognitive Processing Therapy (CPT)**, please leave the **Cognitive Behavioral Therapy (CBT)**, column blank.

|  |  |  |
| --- | --- | --- |
|  | **Cognitive Behavioral Therapy** | **Cognitive Processing Therapy** |
| Tailoring/tweaking/refining (e.g., changing terminology or language, modifying worksheets in minor ways) |  |  |
| Integrating components of the intervention into another framework (e.g., selecting elements to use but not using the whole protocol) |  |  |
| Integrating another treatment into the intended intervention (e.g., integrating other techniques into the intervention) |  |  |
| Removing/skipping interventions of the intended protocol, modules, or components of the treatment (e.g., didn't assign module, didn't use a worksheet, didn't assign homework) |  |  |
| Lengthening/extending session time |  |  |
| Lengthening/extending number of weeks |  |  |
| Shortening/condensing number of sessions (e.g., ended the intervention today and have completed fewer sessions than outlined in protocol) |  |  |
| Loosening the session structure |  |  |
| Shortening/condensing number of weeks (e.g., condensing so all of the intervention’s elements are delivered in less weeks than outlined in protocol) |  |  |
| Adjusting order of intervention modules, topics, or segments |  |  |
| Adding modules or topics to the intervention |  |  |
| Departing from the protocol and starting to use another intervention strategy |  |  |
| Repeating elements or modules (e.g., repeating a concept or activity covered in a previous session that was not intended for another session) |  |  |
| Substituting elements or modules (e.g., substituting an ABC sheet for the challenging beliefs worksheet in CPT) |  |  |
| Stopped using the intervention and used another strategy for part of the session (e.g., 10 minutes or more) |  |  |
| Did the intervention in a different setting (e.g., delivering it on an inpatient unit) |  |  |
| Changed the session format (e.g., delivering by telephone or in a group) |  |  |
| **None** |  |  |

**Only Answer questions 40-46 if you use Cognitive Behavioral Therapy (CBT)**

***If you only use Cognitive Processing Therapy (CPT), skip to question 47.***

39. If applicable, what influenced your decisions to make the changes described in question 39? (check all that apply)

* My client's needs or preferences
* My own preferences
* Constraints within the setting in which I work
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

40. ***In the past month***, did you receive consultation on your CBT cases?

* Yes, from an expert in CBT
* Yes, from a colleague
* Yes, from a supervisor trained in CBT
* No

41. ***In the past month***, have you offered elements of CBT***, without intending to provide the whole protocol,*** to any patients with PTSD, Depression or Anxiety (who have not already completed a full course of the CBT)?

* Yes
* No

42. If applicable, what influenced your decision to offer some elements, but not the whole protocol?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

43. What has been the most significant facilitator of your use of CBT ***in the past month***?

* Support from my supervisor or organization
* Support from colleagues
* Financial incentives
* Feedback and consultation
* Seeing how effective it is
* Client feedback
* I am required to use it
* It’s the treatment I prefer
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

44. What has been the biggest barrier or challenge to using CBT in the past month? (for example, please explain the reason you aren't using it more, or that you think it might be less effective than you'd like it to be)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*You’re halfway there!*

45. ***In the past month***, if/when you have used CBT, how close to the protocol do you think your delivery has been?

* Very close or exactly as prescribed by the manual
* Close to the manual, but I deviated in small ways
* Somewhat close to the manual, but I deviated in significant ways
* Not at all close to the manual (I deviated more than I followed the manual)
* N/A

**Only answer questions 47-55 if you use Cognitive Processing Therapy (CPT):**

***If you only use Cognitive Behavioral Therapy (CBT), skip to question 56.***

1. If applicable, what influenced your decisions to make the changes described in question 39? (check all that apply)?

* My client's needs or preferences
* My own preferences
* Constraints within the setting in which I work
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. ***In the past month***, did you receive consultation on your CPT cases?

* Yes, from an expert in CPT
* Yes, from a colleague
* Yes, from a supervisor trained in CPT
* No

1. ***In the past month***, have you offered elements of CPT*,* ***without intending to provide the whole protocol,*** to any patients with PTSD (who have not already completed a full course of the CPT)?

* Yes
* No

1. If applicable, what influenced your decision to offer some elements, but not the whole protocol?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What has been the most significant facilitator of your use of CPT in the past month?

* Support from my supervisor or organization
* Support from colleagues
* Financial incentives
* Feedback and consultation
* Seeing how effective it is
* Client feedback
* I am required to use it
* It’s the treatment I prefer
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What has been the biggest barrier or challenge to using CPT ***in the past month***? (for example, please explain the reason you aren't using it more, or that you think it might be less effective than you'd like it to be)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***In the past month***, if/when you have used CPT, how close to the protocol do you think your delivery has been?

* Very close or exactly as prescribed by the manual
* Close to the manual, but I deviated in small ways
* Somewhat close to the manual, but I deviated in significant ways
* Not at all close to the manual (I deviated more than I followed the manual)
* N/A

1. Which of the following elements have you offered to the majority of your patients who have PTSD or subthreshold PTSD?

* Psychoeducation about PTSD as a disorder of non-recovery and avoidance
* Psychoeducation about the just world belief and how people make sense of trauma (e.g., assimilation/accommodation)
* Impact Statement
* Written Trauma Account
* Identification of stuck points without stuck point log
* Stuck point log
* ABC sheet
* Patterns of Problematic Thinking worksheet
* Challenging Questions worksheet
* Challenging Beliefs worksheet
* CPT module (safety, trust, power/control, esteem, intimacy)
* Giving/Receiving Compliments and Doing One Nice Thing for Yourself assignment
* Socratic Questioning to examine self-blame/assimilated trauma-related stuck points
* Socratic Questioning to examine over-accommodated trauma-related stuck points
* None

1. Do you own a mobile device?

* Yes
* No

1. How comfortable are you using mobile devices?

* Very comfortable
* Quite comfortable
* A little comfortable
* Not at all comfortable

1. **For which of the following do you use a mobile device**?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Never | Rarely | Sometimes | Often |
| Make phone calls |  |  |  |  |
| Send or receive email |  |  |  |  |
| Text message |  |  |  |  |
| Browse social media (e.g., Facebook, Twitter) |  |  |  |  |
| Complete surveys |  |  |  |  |
| Take pictures |  |  |  |  |
| Watch shows or movies |  |  |  |  |
| Read news articles or abstracts |  |  |  |  |
| Make purchases |  |  |  |  |
| Use professional social networks |  |  |  |  |
| Remote psychotherapy/telemedicine |  |  |  |  |
| Accessing patient records |  |  |  |  |
| Electronic medical/health records (EMR/EHR) |  |  |  |  |
| Use clinical references |  |  |  |  |
| Monitor treatment fidelity |  |  |  |  |
| Measure treatment compliance |  |  |  |  |
| Live video with colleagues or staff |  |  |  |  |

*You’re ¾ done! Almost there!*

**The following questions ask about your feelings about using new types of therapy, interventions, or treatments. Manualized therapy refers to any intervention that has specific guidelines and/or components that are outlined in a manual and/or that are to be followed in a structured/predetermined way. Evidence-based practice (EBP) refers to any intervention that is supported by empirical research.**

**For questions 57-62: Indicate the extent to which you agree with each item using the following scale:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Not at all | Slight extent | Moderate extent | Great extent | Very great extent |
| 57. I like to use new types of therapy/interventions to help my clients |  |  |  |  |  |
| 58. I am willing to try new types of therapy/interventions even if I have to follow a treatment manual |  |  |  |  |  |
| 59. I am willing to use new and different types of therapy/interventions developed by researchers |  |  |  |  |  |
| 60. Research based treatments/interventions are not clinically useful |  |  |  |  |  |
| 61. Clinical experience is more important than using manualized therapy/treatment |  |  |  |  |  |
| 62. I would not use manualized therapy/interventions |  |  |  |  |  |

**For questions 63-70: If you received training in a therapy or intervention that was new to you, how likely would you be to adopt it if:**

***Indicate the extent to which you agree with each item using the following scale:***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Not at all | Slight extent | Moderate extent | Great extent | Very great extent |
| 63. It “made sense” to you? |  |  |  |  |  |
| 64. It was required by your supervisor? |  |  |  |  |  |
| 65. It was required by your agency? |  |  |  |  |  |
| 66. It was required by your state? |  |  |  |  |  |
| 67. It was being used by colleagues who were happy with it? |  |  |  |  |  |
| 68. You knew it was right for your clients |  |  |  |  |  |
| 69. You had a say in how you would use the evidence-based practice |  |  |  |  |  |
| 70. It fit with your clinical approach |  |  |  |  |  |

***Indicate the extent to which you agree with each item using the following scale***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Not at all | Slight extent | Moderate extent | Great extent | Very great extent |
| 71. Evidence-based practice is not useful for clients with multiple problems |  |  |  |  |  |
| 72. Evidence-based practice is not individualized treatment |  |  |  |  |  |
| 73. Evidence-based practice is too narrowly focused |  |  |  |  |  |
| 74. I prefer to work on my own without oversight |  |  |  |  |  |
| 75. I do not want anyone looking over my shoulder while I provide services |  |  |  |  |  |
| 76. My work does not need to be monitored |  |  |  |  |  |
| 77. A positive outcome in therapy is an art more than a science |  |  |  |  |  |

***Indicate the extent to which you agree with each item using the following scale***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Not at all | Slight extent | Moderate extent | Great extent | Very great extent |
| 78. Therapy is both an art and a science |  |  |  |  |  |
| 79. My overall competence as a therapist is more important than a particular approach |  |  |  |  |  |
| 80. I don’t have time to learn anything new |  |  |  |  |  |
| 81. I can’t meet my other obligations |  |  |  |  |  |
| 82. I don’t know how to fit evidence-based practice into my administrative work |  |  |  |  |  |
| 83. Learning an evidence-based practice will help me keep my job |  |  |  |  |  |
| 84. Learning an evidence-based practice will help me get a new job |  |  |  |  |  |
| 85. Learning an evidence-based practice will make it easier to find work |  |  |  |  |  |
| 86. I would learn an evidence-based practice if continuing education credits were provided |  |  |  |  |  |
| 87. I would learn an evidence-based practice if training were provided |  |  |  |  |  |
| 88. I would learn an evidence-based practice if ongoing support was provided |  |  |  |  |  |
| 89. I enjoy getting feedback on my job performance |  |  |  |  |  |
| 90. Getting feedback helps me to be a better therapist/case manager |  |  |  |  |  |
| 91. Getting supervision helps me to be a better therapist/case manager |  |  |  |  |  |

*Keep going, you’re almost done!*

***Please indicate to which degree you agree with each statement regarding cognitive behavioral therapy (broadly construed to include cognitive and behaviorally oriented treatments)***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Strongly Dis-agree | Disagree | Some-what Disagree | Neither Agree nor Disagree | Some-what Agree | Agree | Strongly Agree |
| 92. CBT seems more effective than other therapies I have used |  |  |  |  |  |  |  |
| 93. CBT is more convenient than other therapies I have used |  |  |  |  |  |  |  |
| 94. CBT fits well with the way I like to work |  |  |  |  |  |  |  |
| 95. CBT is aligned with my clinical judgment |  |  |  |  |  |  |  |
| 96. CBT is clear and understandable |  |  |  |  |  |  |  |
| 97. CBT is easy to use |  |  |  |  |  |  |  |
| 98. I think CBT can be tested out with patients without disrupting their overall therapy |  |  |  |  |  |  |  |
| 99. It is easy to try out CBT and see how it performs |  |  |  |  |  |  |  |
| 100. It is easy to tell whether patients are benefiting from CBT |  |  |  |  |  |  |  |
| 101. CBT produces improvements in my patients that I can actually see |  |  |  |  |  |  |  |
| 102. CBT can be adapted to fit my treatment setting |  |  |  |  |  |  |  |
| 103. CBT can be adapted to meet the needs of my patients |  |  |  |  |  |  |  |
| 104. Using CBT includes a risk of worsening my patients' symptoms |  |  |  |  |  |  |  |

***Please indicate to which degree you agree with each statement regarding cognitive behavioral therapy (broadly construed to include cognitive and behaviorally oriented treatments)***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Strongly Dis-agree | Disagree | Some-what Disagree | Neither Agree nor Disagree | Some-what Agree | Agree | Strongly Agree |
| 105. Using CBT includes a risk of doing more harm than good |  |  |  |  |  |  |  |
| 106. Using CBT improves the quality of work that I do |  |  |  |  |  |  |  |
| 107. Using CBT makes it easier to do my job |  |  |  |  |  |  |  |
| 108. The knowledge required to learn CBT can be effectively taught |  |  |  |  |  |  |  |
| 109. The skills required to implement CBT can be effectively taught |  |  |  |  |  |  |  |
| 110. The CBT manual is helpful |  |  |  |  |  |  |  |
| 111. CBT has helpful supportive materials for patients |  |  |  |  |  |  |  |

*One more page to go! You’re doing great!*

***Please indicate to which degree you agree with each statement regarding cognitive behavioral therapy (broadly construed to include cognitive and behaviorally oriented treatments)***

***If you work exclusively in private practice, check here \_\_ and skip to the end.***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Not at all | Slight extent | Moderate extent | Great extent | Very great extent |
| 112. This clinic/organization selects staff who have previously used CBT or other EBPs |  |  |  |  |  |
| 113. People in this clinic/organization think that the implementation of CBT is important |  |  |  |  |  |
| 114. This clinic/organization provides conferences, workshops, or seminars focusing on CBT |  |  |  |  |  |
| 115. This clinic/organization selects staff open to new types of interventions |  |  |  |  |  |
| 116. This clinic/organization provides CBT trainings or in-services |  |  |  |  |  |
| 117. Clinicians in this clinic/organization who use CBT are seen as clinical experts |  |  |  |  |  |
| 118. This clinic/organization selects staff who are adaptable |  |  |  |  |  |
| 119. This clinic/organization selects staff who have had formal education supporting CBT or other EBPs |  |  |  |  |  |
| 120. Using CBT or other EBPs is a top priority in this clinic/organization |  |  |  |  |  |
| 121. Clinicians who use CBT are held in high esteem in this clinic/organization |  |  |  |  |  |
| 122. This clinic/organization provides financial incentives for the use of CBT |  |  |  |  |  |
| 123. The better you are at using CBT, the more likely you are to get a bonus or a raise |  |  |  |  |  |
| 124. One of this clinic/organization's main goals is to use CBT effectively |  |  |  |  |  |
| 125. This clinic/organization selects staff who value CBT |  |  |  |  |  |
| 126. This clinic/organization selects staff who are flexible |  |  |  |  |  |
| 127. This clinic/organization provides CBT training materials, journals, etc. |  |  |  |  |  |
| 128. This clinic/organization provides the ability to accumulate compensated time for the use of CBT |  |  |  |  |  |
| 129. Clinicians in this clinic/organization who use CBT are more likely to be promoted |  |  |  |  |  |

***You’re done! Thank you for completing your Clinician Baseline Questionnaire.***