# ICS Evidence Questionnaire

**Appendix B**

**Impact Case Study (ICS) title:**
Improving function and well-being of people with long-term health conditions

**Your response to this questionnaire will form evidence for impact in the following areas:**

- Clinical implementation of the integrative model of adjustment to chronic conditions (IMACC)
- Follow-up of health practitioners' use of research into function and well-being of people with long-term health conditions

**Dear health practitioner**

Thank you for consenting to being contacted and asked to complete this questionnaire. Please feel free to fill in as little or as much as you can/wish to. Your information will be incorporated in a summary document, but a good level of detail will nevertheless be helpful in the analysis and write-up of findings.

You will have the choice to submit this form anonymously, should you prefer, but it would be helpful to have your name, in case we wish to clarify or follow up on anything. You will be asked at the end what your preferences are and your personal details will be kept separate from your questionnaire responses.

**Benefit:** By completing this questionnaire you contribute to a sharing of experience between practitioners. If you provide us with your email address (on the consent form), you will receive updates on these shared experiences.

**PLEASE FILL IN THE FORM IN CLEAR AND LEGIBLE WRITING, PREFERABLY ELECTRONICALLY**

| | |
|---|---|
| I have had opportunity to apply the integrative model of adjustment to chronic conditions (IMACC) in my clinical work.<br><br>If 'NO', please tick and return this page and the consent form as detailed on page 5 below.<br><br>If 'YES', please complete the below questionnaire before returning it together with the consent form (page 5). **We ask you to complete sections/questions of relevance to your practice, expecting data you would gather anyway in routine practice. However, it would be helpful if you could please complete as many sections as possible.** | YES ☐<br><br>NO ☐ |

| |
|---|
| *Please describe (briefly) the clinical area you are working in (or worked in when you used IMACC) and your professional role/title:* |

I have used the following aspects of the IMACC to inform my clinical practice, but I have **not** applied the model **directly**;

The Pre-Condition Personality ☐

The Ongoing Adjustment Cycle ☐

The Maintenance Cycle ☐

*(If you wish, please describe in what way you have used IMACC and what impact that has had on your work):*




I have **applied** the IMACC model **directly** in my clinical practice

Assessments ☐

Interventions ☐

*(If you wish, please describe how you have applied IMACC and what impact that has had on your work):*

I have **applied IMACC** in my clinical practice **regularly** and I have gathered the following information:

Clients/patients seen for **individual therapy** and for whom IMACC formed a central part of the intervention:

Number of clients/patients:

Typical presenting issues:

Outcome statistics (your routine measures, e.g. CORE, PHQ9, etc.):

Client/patient feedback (anonymised) – please summarise any feedback you might have received, if using IMACC explicitly, e.g. for collaborative formulations:

Clients/patients seen for **group therapy/educational groups** and for whom IMACC formed an important part of the intervention (at least one whole session):

Nature of groups *(please describe the nature and aim of groups)*:

Total number of such groups, where IMACC was applied:

Number of clients/patients per group (average):

Total number of clients/patients:

Typical presenting issues:

Outcome statistics (your routine measures, e.g. CORE, PHQ9, etc.):

Client/patient feedback (anonymised) – please summarise any feedback you might have received, if using IMACC explicitly, e.g. for collaborative formulations:

**Multidisciplinary Teams** *(please describe any teaching/training of MDT colleagues you have provided and any information you might have about colleagues applying IMACC or aspects of IMACC):*

What have you found **most useful** about IMACC? *(please provide information about e.g. specific model components and how you have typically applied them, or for what type of presentations the model is most useful):*

What have you found **least useful** about IMACC? *(please provide information about e.g. gaps in the model or areas that need developing further):*

# ICS Consent Form for use of information

*Please complete the below consent form by ticking relevant boxes:*

| | |
|---|:---:|
| I consent to anonymised use of the information I have provided in this form | ☐ |
| I prefer to submit my above contribution anonymously and I have therefore not completed the remainder of this form<br><br>*If this option has been selected it will be assumed that you consent to use of the information in this form for the Impact Case Submission (ICS) submission ONLY and your data will be deleted after submission of the ICS.* | ☐ |
| I consent to use of the anonymised information as follows (please tick only one option: | |
| A) for this ICS **only** | ☐ |
| B) for this ICS and further developments of the IMACC model, **excluding** commercialisation of the model (e.g. advertisement of training courses) | ☐ |
| C)  for this ICS and further developments of the IMACC model, **including** commercialisation of the model (e.g. advertisement of training courses) | ☐ |
| I am interested in the research and clinical implementation of the IMACC model, so please send me updates of future developments to this email address: | ☐ |

Name: _____

Signature: _____        Date: _____

Please fill in this form (by hand or electronically) and return it to Dr Lis D. Hammond:
**Electronically** (incl. scanned copy): lis.hammond@tees.ac.uk
**In paper form:** please post to Dr Lis D. Hammond, School of Social Sciences, Humanities and Law, Middlesbrough, Tees Valley, TS1 3BX.