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Supplementary Materials - Additional File 1

Defining an expert consensus on the components of cognitive behavioural therapy most effective in bringing about clinically important change: a Delphi study

Table 3 – Items not achieving consensus for inclusion in Round 2

	Components not achieving consensus	*n* of respondents	Score 7-9[†] *n* (%)	Score 1-3[†] *n* (%)	Median (IQR)
	Agreeing a list of priority problems and goals	21	14 (66.7)	1 (4.8)	7 (6-8)
	Behavioural experiments to explore evidence for beliefs and assumptions	21	14 (66.7)	1 (4.8)	7 (6-8)
	Exposure techniques	21	13 (61.9)	3 (14.3)	7 (5-7)
	Exploring positive and negative reinforcers that maintain depressive behaviours	21	13 (61.9)	2 (9.5)	7 (6-8)
	Developing a formulation and using it to outline a treatment plan	21	12 (57.1)	2 (9.5)	7 (6-8)
	Providing the client with written worksheets to gather information, or practice new skills	21	12 (57.1)	3 (14.3)	7 (6-7)
Content Components	Using measures of symptoms or mood to guide therapy and monitor outcome (such as the Beck Depression Inventory, PHQ-9, mood or symptom rating scales or diaries)	21	12 (57.1)	3 (14.3)	7 (6-8)
	Using questions to help the client make his/her own discoveries (i.e. guided discovery and Socratic questioning)	21	10 (47.6)	0 (0)	6 (6-7)
	Managing difficult emotions and helping the client to test out the associated beliefs	21	9 (42.9)	1 (4.8)	6 (6-8)
	Psychoeducation about depression	21	9 (42.9)	1 (4.8)	6 (5-7)
	Identifying and challenging key cognitions including negative automatic thoughts	21	8 (38.1)	2 (9.5)	6 (5-7)
	Identifying and modifying	21	8 (38.1)	3 (14.3)	6 (5-7)

	conditional beliefs/underlying assumptions/rules for living				
	Providing a written summary of what was covered in each session - including goals for the period that follows	21	8 (38.1)	3 (14.3)	6 (5-7)
	Managing the ending of a course of therapy	21	7 (33.3)	1 (4.8)	6 (6-7)
	Creating a written agenda that is agreed collaboratively at the start of each session	21	6 (28.6)	4 (19.1)	5 (5-7)
	Identifying and challenging unhelpful thinking styles (e.g. all or nothing thinking)	21	6 (28.6)	3 (14.3)	6 (5-7)
	Identifying and modifying core beliefs	21	3 (14.3)	4 (19.1)	5 (4-6)
Process Components	Ensuring that the therapy provided adheres to a recognised CBT model for depression (e.g. Beckian CBT)	18	12 (66.7)	2 (11.1)	7 (6-8)
	Ensuring that the therapist receives regular supervision	18	11 (61.1)	0 (0)	7 (6-8)
	Ensuring that CBT is provided by a therapist who meets national standards for CBT training and practice	20	11 (55.0)	2 (10.0)	7 (5-7)
	Providing at least 6 sessions of CBT	18	9 (50.0)	3 (16.7)	6.5 (4-8)
	Scheduling CBT to take place at least once per week for the majority of the therapy	20	9 (45.0)	4 (20.0)	6 (5.5-7)
	Providing at least 12 sessions of CBT	18	7 (38.9)	3 (16.7)	6 (4-8)
	Providing additional support between CBT sessions by telephone, email and/or instant messaging	20	5 (25.0)	0 (0)	6 (5-6.5)
	Providing at least 16-20 sessions of CBT	18	4 (22.2)	6 (33.3)	5 (3-6)

	Providing CBT face-to-face rather than by telephone	18	3 (16.7)	7 (38.9)	5 (3-6)
	Providing advance reminders of sessions e.g. by text, email or letter	20	3 (15.0)	4 (20.0)	5 (4.5-6)

† Scoring for each component using Likert scale where 1 = not at all important; 9 = very important

Table 4 – Importance of written and/or online materials to support CBT components

Component	*n*	Score 7-9[†] *n* (%)	Score 1-3[†] *n* (%)	Mean (SD)
Planning and reviewing practice ('homework') assignments	18	14 (78.8)	2 (11.1)	6.8 (2.3)
Methods to prevent relapse	18	13 (72.2)	2 (11.1)	6.8 (1.9)
Psychoeducation about depression	18	13 (72.2)	3 (16.7)	6.8 (2.0)
Activity monitoring and scheduling	18	11 (61.1)	1 (5.6)	6.8 (1.7)
Explaining the model/rationale for CBT	18	11 (61.1)	1 (5.6)	6.8 (1.8)
Identifying and challenging key cognitions including negative automatic thoughts	18	10 (55.6)	4 (22.2)	5.6 (2.6)
Undertaking an initial assessment (including translating abstract complaints into concrete and discrete problems)	18	10 (55.6)	3 (16.7)	6.0 (2.1)
Agreeing a list of priority problems and goals	18	9 (50.0)	3 (16.7)	6.1 (1.9)
Developing a formulation and using it to outline a treatment plan	18	9 (50.0)	3 (16.7)	6.2 (2.3)
Eliciting feedback and adapting therapy based on feedback	18	9 (50.0)	3 (16.7)	5.9 (2.2)
Exploring positive and negative reinforcers that maintain depressive behaviours	18	9 (50.0)	4 (22.2)	5.8 (2.6)
Identifying and challenging avoidant behaviour	18	9 (50.0)	4 (22.2)	5.8 (2.5)
Behavioural experiments to explore evidence for beliefs and assumptions	18	8 (44.4)	4 (22.2)	5.7 (2.2)
Exposure techniques	18	8 (44.4)	4 (22.2)	5.5 (2.7)
Identifying and challenging unhelpful thinking styles	18	8 (44.4)	4 (22.2)	5.6 (2.5)
Managing difficult emotions and helping the client to test out the associated beliefs	18	8 (44.4)	4 (22.2)	5.7 (2.4)
Identifying and modifying conditional beliefs/underlying assumptions/rules for living	18	6 (33.3)	4 (22.2)	5.3 (2.2)
Creating a written agenda that is agreed collaboratively at the start of each session	18	4 (22.2)	7 (38.9)	4.6 (2.1)

Identifying and modifying core beliefs	18	4 (22.2)	4 (22.2)	4.9 (2.1)

† *Scoring for each component using Likert scale where 1 = not at all important; 9 = very important*