

## PARENT'S SATISFACTION QUESTIONNAIRE

The following questionnaire is part of our evaluation of the treatment program that you have received. It is important that you answer as honestly as possible. The information obtained will help us to evaluate and continually improve the program we offer. Your cooperation is greatly appreciated. All responses will be strictly confidential.

### A. The Overall Program

Please circle the response that best expresses how you honestly feel.

1. The major problem(s) that originally prompted me to begin treatment for my child is (are) at this point

considerably worse    slightly worse    the same    slightly improved    improved    greatly improved

2. My child's problems which I/we have treated with clinic methods are at this point

considerably worse    slightly worse    the same    slightly improved    improved    greatly improved

3. My child's problems which I/we have not treated with clinic methods are at this point

considerably worse    slightly worse    the same    slightly improved    improved    greatly improved

4. At this point my feelings about my child's progress are that I am

very dissatisfied    dissatisfied    slightly dissatisfied    neutral    slightly satisfied    satisfied    very satisfied

5. To what degree has the treatment program helped with other general personal or family problems not directly related to your child? (e.g., marriage, my feelings in general)

hindered much more than helped    hindered    hindered slightly    neither helped nor hindered    helped slightly    helped    helped very much

6. At this point, my expectation for good results from this treatment is

very pessimistic    pessimistic    slightly pessimistic    neutral    slightly optimistic    optimistic    very optimistic

7. I feel that the approach used to treat my child's behavior problems in this program is

very inappro- slightly neutral slightly appropriate very  
inappro- priate inappro- appropriate appropriate  
priate priate priate priate

8. Would you recommend the program to a friend or relative?

strongly not slightly neutral slightly recom- strongly  
not recom- recommend not recom- mend recom- recom-  
mend mend mend mend mend mend

9. How confident are you in managing current behavior problems in the home on your own?

very uncon- somewhat neutral somewhat confident very  
uncon- fident unconfident confident confident confident  
fident

10. How confident are you in your ability to manage future behavior problems in the home using what you learned from this program?

very uncon- somewhat neutral somewhat confident very  
uncon- fident unconfident confident confident confident  
fident

11. My overall feeling about the treatment program for my child and family is

very negative somewhat neutral slightly positive very  
negative negative positive positive positive

## B. Teaching Format

### Difficulty

In this section, we'd like to get your ideas of how difficult each of the following types of teaching has been for you to follow. Please circle the response that most clearly describes your opinion.

1. Lecture information by therapist (e.g., when therapist talked about how to praise or how to use Time Out)

extremely difficult somewhat neutral somewhat easy extremely  
difficult difficult difficult easy easy

2. Demonstration of skills through use of videotape scenes

extremely difficult somewhat neutral somewhat easy extremely  
difficult difficult difficult easy easy

3. Group discussion of skills

extremely difficult	difficult	somewhat difficult	neutral	somewhat easy	easy	extremely easy
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4. Practicing the play skills at home with child

extremely difficult	difficult	somewhat difficult	neutral	somewhat easy	easy	extremely easy
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5. Other homework assignments

extremely difficult	difficult	somewhat difficult	neutral	somewhat easy	easy	extremely easy
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6. Involvement of my child's teacher in the program

extremely difficult	difficult	somewhat difficult	neutral	somewhat easy	easy	extremely easy
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Usefulness

In this section, we'd like to get your ideas of how useful each of the following types of teaching is for you now. Please circle the response that most clearly describes your opinion.

1. Lecture information

extremely useless	not useful	somewhat useless	neutral	somewhat useful	useful	extremely useful
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2. Demonstration of skills through use of videotape vignettes

extremely useless	not useful	somewhat useless	neutral	somewhat useful	useful	extremely useful
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3. Group discussion of skills

extremely useless	not useful	somewhat useless	neutral	somewhat useful	useful	extremely useful
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4. Practice of play skills at home with your child

extremely useless	not useful	somewhat useless	neutral	somewhat useful	useful	extremely useful
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5. Other homework assignments

extremely useless	not useful	somewhat useless	neutral	somewhat useful	useful	extremely useful
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6. Involvement of my child's teacher in the program

extremely useless	not useful	somewhat useless	neutral	somewhat useful	useful	extremely useful
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**C. Specific Parenting Techniques**

Difficulty

In this section we'd like to get your idea of how difficult it usually is to do each of the following techniques now. Please circle the response that most closely describes how difficult the technique is to do.

1. Play

extremely difficult	difficult	somewhat difficult	neutral	somewhat easy	easy	extremely easy
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2. Attends/Commenting

extremely difficult	difficult	somewhat difficult	neutral	somewhat easy	easy	extremely easy
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3. Rewards/Praise

extremely difficult	difficult	somewhat difficult	neutral	somewhat easy	easy	extremely easy
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4. Ignoring

extremely difficult	difficult	somewhat difficult	neutral	somewhat easy	easy	extremely easy
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5. Good commands

extremely difficult	difficult	somewhat difficult	neutral	somewhat easy	easy	extremely easy
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6. Time-out

extremely difficult	difficult	somewhat difficult	neutral	somewhat easy	easy	extremely easy
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7. This overall group of techniques

extremely difficult	difficult	somewhat difficult	neutral	somewhat easy	easy	extremely easy
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## Usefulness

In this section, we'd like to get your ideas of how useful each of the following methods is. Please circle the response that most clearly describes your opinion.

### 1. Play

extremely useless	not useful	somewhat useless	neutral	somewhat useful	useful	extremely useful
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### 2. Attends/Commenting

extremely useless	not useful	somewhat useless	neutral	somewhat useful	useful	extremely useful
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### 3. Rewards/Praise

extremely useless	not useful	somewhat useless	neutral	somewhat useful	useful	extremely useful
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### 4. Ignoring

extremely useless	not useful	somewhat useless	neutral	somewhat useful	useful	extremely useful
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### 5. Good commands

extremely useless	not useful	somewhat useless	neutral	somewhat useful	useful	extremely useful
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### 6. Time-out

extremely useless	not useful	somewhat useless	neutral	somewhat useful	useful	extremely useful
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### 7. This overall group of techniques

extremely useless	not useful	somewhat useless	neutral	somewhat useful	useful	extremely useful
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**D. Advanced Sessions (2nd half of program)**

Difficulty

In this section we'd like to get your idea of how difficult it usually is to utilize the skills taught on the following topics. Please circle the response that most closely describes how difficult the following skills are to do.

1. Application of basic parenting skills learned (e.g., Praise, Time-out, etc.) to new child behavior problems which emerge.

extremely difficult	difficult	somewhat difficult	neutral	somewhat easy	easy	extremely easy
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2. Communication Skills with Adults

extremely difficult	difficult	somewhat difficult	neutral	somewhat easy	easy	extremely easy
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3. Anger Management

extremely difficult	difficult	somewhat difficult	neutral	somewhat easy	easy	extremely easy
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4. Depression Self-Control

extremely difficult	difficult	somewhat difficult	neutral	somewhat easy	easy	extremely easy
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5. Problem-Solving Skills With Adults

extremely difficult	difficult	somewhat difficult	neutral	somewhat easy	easy	extremely easy
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6. Communication Skills with Children

extremely difficult	difficult	somewhat difficult	neutral	somewhat easy	easy	extremely easy
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7. Problem-Solving Skills With Children

extremely difficult	difficult	somewhat difficult	neutral	somewhat easy	easy	extremely easy
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Usefulness

In this section, we'd like to have your opinion of how useful each of the following skills is to you in improving your interactions with adults and children. Please circle the response that most closely describes the usefulness of the following skills.

1. Application of basic parenting skills learned (e.g., Praise, Time out, etc.) to new child behavior problems which emerge.

extremely not somewhat neutral somewhat useful extremely  
useless useful useless usefull useful useful

2. Communication Skills With Adults

extremely not somewhat neutral somewhat useful extremely  
useless useful useless usefull useful useful

3. Anger Management

extremely not somewhat neutral somewhat useful extremely  
useless useful useless usefull useful useful

4. Depression Self-Control

extremely not somewhat neutral somewhat useful extremely  
useless useful useless usefull useful useful

5. Problem-Solving Skills With Adults

extremely not somewhat neutral somewhat useful extremely  
useless useful useless usefull useful useful

6. Communication Skills With Children

extremely not somewhat neutral somewhat useful extremely  
useless useful useless usefull useful useful

7. Problem-Solving Skills With Children

extremely not somewhat neutral somewhat useful extremely  
useless useful useless usefull useful useful

## **E. Involvement with Your Child's Education**

### Difficulty

In this section, we'd like to get an idea of how difficult it is to do the following:

1. Support my child's success at school by reading and/or doing homework with my child

extremely difficult somewhat neutral somewhat easy extremely  
difficult difficult usefull usefull usefull easy easy

2. Support my child's success at school through direct communication with his/her teacher

extremely difficult somewhat neutral somewhat easy extremely  
difficult difficult difficult usefull usefull usefull easy easy

3. Support my child's success at school by volunteering for school activities

extremely difficult    difficult    somewhat difficult    neutral    somewhat easy    easy    extremely easy

4. Support my child's success at school by home/school good behavior charts

extremely difficult    difficult    somewhat difficult    neutral    somewhat easy    easy    extremely easy

Usefulness

In this section we'd like to get an idea of how useful it is to do the following:

1. Support my child's success at school by reading and/or doing homework with my child

extremely useless    not useful    somewhat useless    neutral    somewhat useful    useful    extremely useful

2. Support my child's success at school through direct communication with his/her teacher

extremely useless    not useful    somewhat useless    neutral    somewhat useful    useful    extremely useful

3. Support my child's success at school by volunteering for school activities

extremely useless    not useful    somewhat useless    neutral    somewhat useful    useful    extremely useful

4. Support my child's success at school by home/school good behavior charts

extremely useless    not useful    somewhat useless    neutral    somewhat useful    useful    extremely useful

**F. Therapist 1**

\_\_\_\_\_ (name)

In this section we'd like to get your ideas about your therapist(s). Please circle the response to each question that best expresses how you feel.

1. I feel that the therapist's teaching was

very poor    fair    slightly below average    average    slightly above average    high    superior

2. The therapist's preparation was

poor	fair	slightly below average	average	slightly above average	high	superior
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3. Concerning the therapist's interest and concern in me and my problems with my child, I am

extremely dissatisfied	dissatis- fied	slightly dissatis- fied	neutral	slightly satisfied	satis- fied	extremely satisfied
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4. At this point, I feel that the therapist in the treatment program was

extremely not helpful	not helpful	slightly not helpful	neutral	slightly helpful	helpful	extremely helpful
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5. Concerning my personal feelings toward my therapist

I dislike him/her very much	I dislike him/her slightly	I dislike him/her attitude	I have a neutral slightly toward him/her	I like him/her	I like him/her very much	I like him/her
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## Therapist 2

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(name)

In this section we'd like to get your ideas about your therapist(s). Please circle the response to each question that best expresses how you feel.

1. I feel that the therapist's teaching was

very poor	fair	slightly below average	average	slightly above average	high	superior
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2. The therapist's preparation was

poor	fair	slightly below average	average	slightly above average	high	superior
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3. Concerning the therapist's interest and concern in me and my problems with my child, I am

extremely dissatisfied	dissatis- fied	slightly dissatis- fied	neutral	slightly satisfied	satis- fied	extremely satisfied
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4. At this point, I feel that the therapist in the treatment program was

extremely not helpful	not helpful	slightly not helpful	neutral	slightly helpful	helpful	extremely helpful
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5. Concerning my personal feelings toward my therapist

I dislike him/her very much	I dislike him/her slightly	I dislike him/her attitude	I have a neutral slightly toward him/her	I like him/her	I like him/her very much	I like him/her
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**G. Your Opinion Please**

1. What part of the basic parent training program was most helpful to you?

2. What did you like most about the basic (play, praise, timeout, etc.) parent training program?

3. What did you like least about the basic parent training program?

4. What part of the advanced (communication skills, problem-solving, anger management) program was most helpful to you?

5. What did you like the most about the advanced program?

6. What did you like the least about the advanced program?

7. What part of the entire program was least helpful to you?
  
8. How could the entire program have been improved to help you more?
  
9. During the time you were in this program did you receive any other type of treatment for yourself or your child?
  
10. At this time do you feel the need for additional individual or group therapy? Please elaborate.
  
11. How did you feel about your therapists' involvement in the program?

We thank you for your patience in filling out all these questionnaires. It really helps us to plan future programs to have your input.

My overall feeling about filling out questionnaires is

very negative	negative	somewhat negative	neutral	slightly positive	positive	very positive
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My overall feeling about the videotaped and home observations is

very negative	negative	somewhat negative	neutral	slightly positive	positive	very positive
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