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 Group Leader ID

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 Date

The Incredible Years (IY) Parent Group Leader and Agency Background Questionnaire

 School/Agency

We are asking you to complete this questionnaire about your professional background training and your agency/organization in order to improve the quality of our training workshops and materials. Thank you for taking the time to complete this confidential form.

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 Trainer ID

Group Leader Background Characteristics

1. Please list educational degrees awarded, year and field of study.

Year awarded	Degree	Field of Study				
<table border="1"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>					<input type="radio"/> Associate	<table border="1" style="width: 100%; height: 25px;"> </table>
<table border="1"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>					<input type="radio"/> Bachelor's	<table border="1" style="width: 100%; height: 25px;"> </table>
<table border="1"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>					<input type="radio"/> Master's	<table border="1" style="width: 100%; height: 25px;"> </table>
<table border="1"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>					<input type="radio"/> Ph.D.	<table border="1" style="width: 100%; height: 25px;"> </table>
<table border="1"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>					<input type="radio"/> Other <table border="1" style="width: 100px; height: 20px; display: inline-table; vertical-align: middle;"> </table>	<table border="1" style="width: 100%; height: 25px;"> </table>

2. What is your professional educational background? *(mark all that apply)*

<input type="radio"/> Special needs education (special education)	<input type="radio"/> Teacher
<input type="radio"/> Clinical Psychologist	<input type="radio"/> School Psychologist/Counselor
<input type="radio"/> Social Work	<input type="radio"/> Psychiatrist
<input type="radio"/> Child educational therapist	<input type="radio"/> Teacher assistant
<input type="radio"/> Nurse	<input type="radio"/> Other (specify) <table border="1" style="width: 150px; height: 25px; display: inline-table; vertical-align: middle;"> </table>

3. In general, how much training have you had in the following areas? *(mark one for each item)*

a. special needs training b. child development c. social learning theory d. facilitating groups e. classroom management skills f. related areas <i>(list below and mark rating)</i>	<table border="0"> <tr> <td style="text-align: right; font-size: small;">None at all</td> <td style="text-align: center;">①</td> </tr> <tr> <td style="text-align: right; font-size: small;">Very little</td> <td style="text-align: center;">②</td> </tr> <tr> <td style="text-align: right; font-size: small;">Some</td> <td style="text-align: center;">③</td> </tr> <tr> <td style="text-align: right; font-size: small;">Extensive</td> <td style="text-align: center;">④</td> </tr> </table>	None at all	①	Very little	②	Some	③	Extensive	④
None at all	①								
Very little	②								
Some	③								
Extensive	④								
	① ② ③ ④								
	① ② ③ ④								
	① ② ③ ④								



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4. What is your professional title?

[Empty text box for professional title]

5. Number of years of professional experience:

[Two empty boxes for years of experience]

6. Please rate how much you theoretically subscribe to each of the following in your practice. (mark one for each item below)

Don't know or don't subscribe to this approach

Somewhat subscribe

Strong supporter

0 1 2 3 4 5 6

- a. Behavioral approaches 0 1 2 3 4 5 6
- b. Cognitive therapy 0 1 2 3 4 5 6
- c. Family therapy (e.g., structured, systemic, functional) 0 1 2 3 4 5 6
- d. Humanistic/existential therapy 0 1 2 3 4 5 6
- e. Psychodynamic therapy 0 1 2 3 4 5 6
- f. Solution-focused therapy 0 1 2 3 4 5 6
- g. Other (specify) 0 1 2 3 4 5 6

[Empty text box for other therapy type]

7. How much have you used the following types of interventions for children with behavior problems and their parents in the past? (mark one for each item below)

None at all
Very little
Some
Extensive

- a. Individual intervention for child 1 2 3 4
- b. Family therapy 1 2 3 4
- c. Individual parent counseling 1 2 3 4
- d. Educational or small group therapy for children 1 2 3 4
- e. Educational or therapy groups for parents 1 2 3 4
- f. Combined groups for parents and children 1 2 3 4
- g. Consultation/supervision 1 2 3 4
- h. Teaching - Behavioral Plans 1 2 3 4
- i. Other (describe) 1 2 3 4

[Empty text box for other intervention type]

8. In general, how much experience do you have working with the specific populations/therapies below? (mark one for each item)

None at all
Very little
Some
Extensive

- a. Children and families 1 2 3 4
- b. Child-focused social skills groups 1 2 3 4
- c. Parent-focused therapies 1 2 3 4
- d. Parent training groups 1 2 3 4
- e. Family therapy 1 2 3 4
- f. Classroom teaching 1 2 3 4



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9. How many colleagues at your place of employment do the same type of work as you?
 None A few Quite a few Most
10. How supportive are your colleagues of your work?
 Not at all A little Some Quite a bit Very much
11. What is your typical caseload of children or families or referrals per week?
 Not applicable 11-20 cases per week 41-50 cases per week
 1-5 cases per week 21-30 cases per week over 50 cases per week
 6-10 cases per week 31-40 cases per week

This section asks you about your agency or organization characteristics.

12. What kind of organization/agency do you work for? (*mark one*)
- | | |
|--|--|
| <input type="radio"/> Mental health agency | <input type="radio"/> Day care center |
| <input type="radio"/> Public elementary school | <input type="radio"/> Health maintenance organization/hospital |
| <input type="radio"/> Private elementary school | <input type="radio"/> University |
| <input type="radio"/> Preschool or Head Start center | <input type="radio"/> Family center |
| | <input type="radio"/> Other (please describe): |
-
13. How many families and children does your organization serve?
- | | |
|--------------------------------------|--------------------------------------|
| <input type="radio"/> Fewer than 500 | <input type="radio"/> 5,000-10,000 |
| <input type="radio"/> 500-1000 | <input type="radio"/> 10,000-50,000 |
| <input type="radio"/> 1,000-5,000 | <input type="radio"/> 50,000-100,000 |
14. How would you describe the community where you work?
- | | |
|--------------------------------------|----------------------------------|
| <input type="radio"/> Very rural | <input type="radio"/> Urban |
| <input type="radio"/> Rural | <input type="radio"/> Very urban |
| <input type="radio"/> Somewhat urban | |
15. How many mental health professionals are there in your agency?
- | | |
|-----------------------------|------------------------------|
| <input type="radio"/> 1-5 | <input type="radio"/> 21-50 |
| <input type="radio"/> 6-10 | <input type="radio"/> 51-100 |
| <input type="radio"/> 11-20 | <input type="radio"/> 100+ |
16. How are services financed in your agency? (*mark all that apply*)
- | | |
|---------------------------------------|---|
| <input type="radio"/> grants | <input type="radio"/> state |
| <input type="radio"/> fee for service | <input type="radio"/> federal |
| <input type="radio"/> insurance | <input type="radio"/> other (please describe) |
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17. Please mark all target populations that you currently serve with **designated treatment or preventive service programs.**

	Treatment	Prevention	N/A
a. Adult drug and alcohol dependency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Adolescent drug and alcohol dependency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Adult mental health services (e.g., depression, stress, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Child/adolescent mental health services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Child/adolescent conduct problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Child/adolescent education programs (school services, life skills training, ec.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Adult education programs other than parenting (resources for employment, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Adult education programs related to parenting (single parenting, parent training, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18. Please indicate all age groups of children served at your organization (*mark all that apply*)

- not applicable, none referred
- 0-4 years of age
- 5-9 years of age
- 10-12 years of age
- 13-18 years of age

19. Please indicate the largest age group of children served at your organization (*mark only one*)

- not applicable, none referred
- 0-4 years of age
- 5-9 years of age
- 10-12 years of age
- 13-18 years of age

Agency or organization support can make a difference in the quality and integrity of program delivery. For this reason we are asking you a few confidential questions about your organization and job satisfaction.

20. How supportive does your agency seem in your efforts to deliver the Incredible Years program? (*mark one*)

- Not at all
- A little supportive
- Moderately supportive
- Supportive
- Extremely supportive

21. Does your organization currently have a plan to offer ongoing supervision or peer support for delivering the Incredible Years intervention? (*mark one*)

- Not at all
- Very little
- Some
- Quite a bit
- Extensive



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This next section asks about work in general

27. How satisfied are you with the level of autonomy you have as a therapist working with families? N/A
Not at all satisfied
Not very satisfied
Neutral
Somewhat satisfied
Very Satisfied
28. How satisfied are you with your organization's mental health services for children with behavior problems?
29. How happy or satisfied are you with your current salary or pay?
30. How satisfied are you with the level of autonomy you have in your job generally?
31. Overall, how happy or satisfied are you with your job?
32. What is **your** current level of stress directly related to your job? *(mark one)*
- Not stressed at all
 - A little stressed
 - Somewhat stressed
 - Quite a bit stressed
 - Extremely stressed
33. What percent of staff turnover is there in your organization/school each year? *(mark one)*
- <2%
 - <5%
 - <10%
 - <15%
 - <20%
 - <30%
 - <40%
 - Other %

Thank you for taking the time to fill out this questionnaire. We appreciate your dedication and commitment to parents and we hope to better serve your needs in the future.

Please return this form to:

University of Washington
School of Nursing
Parenting Clinic
1107 NE 45th, Suite 305
Seattle, WA 98105

Phone (206) 543-6010
FAX (206) 543-6040