



51060

Group Leader ID

/ / Date

Therapist Background, Perceived Support, & Intervention Values Fit Questionnaire

School/Agency

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

Trainer ID

Group Leader Background Characteristics

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

Year awarded	Degree	Field of Study
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> High School Diploma	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> Associate	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> Bachelor's	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> Master's	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> Ph.D.	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> Other <input type="text"/>	<input type="text"/>

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

<input type="radio"/> Counselor	<input type="radio"/> Early child development
<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) <input type="text"/>

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

	None at all	Very little	Some	Extensive
a. special needs training	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
b. child development	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
c. social learning theory	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
d. facilitating groups	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
e. classroom management skills	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
f. related areas (list below and mark rating)				
<input type="text"/>	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
<input type="text"/>	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
<input type="text"/>	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4



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Four empty boxes for Group Leader ID

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4. What is your professional title?

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

Empty box for specifying other approaches

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. Play therapy 1 2 3 4
- j. Other (describe) 1 2 3 4

Empty box for describing other interventions

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*)
 - Mental health agency
 - Day care center
 - Public elementary school
 - Health maintenance organization/hospital
 - Private elementary school
 - University
 - Preschool or Head Start center
 - Family center
 - Other (please describe):

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.

- 13. 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
- 14. 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
- 15. What types of supervision do you currently receive? (*mark all that apply*)
 - a. Not applicable, I do not work with families
 - b. I have no supervision and work independently
 - c. I have no supervision but use outside consultation when needed
 - d. Computer email exchanges between my supervisor and me
 - e. Telephone calls with my supervisor
 - f. Direct meetings between my supervisor and me
 - g. Group meetings with several staff members and our supervisor



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16. How satisfied are you with the amount of your current supervision? (mark one)
Not at all satisfied Not very satisfied Neutral Somewhat satisfied Very satisfied

17. How satisfied are you with the quality of your current supervision? (mark one)
Not at all satisfied Not very satisfied Neutral Somewhat satisfied Very satisfied

18. Which of the following best characterizes how decisions are made in your organization/school? (mark all that apply)
One person generally makes decisions
A committee NOT REPRESENTING all employees from top to bottom makes decisions
A committee REPRESENTING all employees from top to bottom makes decisions
Each employee from top to bottom has input that influences decision-making
Each employee from top to bottom has decision-making authority

19. Please rate how much you agree with the following statements:
a. This agency offers and adheres to one main mental health program for families.
Strongly disagree Strongly agree
b. This agency offers and adheres to many diverse forms of mental health programs.
Strongly disagree Strongly agree

This next section asks about work in general

20. How satisfied are you with the level of autonomy you have working with families?
21. How satisfied are you with your organization's mental health/special ed. services for children with behavior problems?
22. How happy or satisfied are you with your current salary or pay?
23. How satisfied are you with the level of autonomy you have in your job generally?
24. Overall, how happy or satisfied are you with your job?
25. How satisfied are you with the outcomes for families that you work with?
26. 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

N/A
Not at all satisfied
Not very satisfied
Neutral
Somewhat satisfied
Very Satisfied