



47494

# The Incredible Years Project

University of Washington Parenting Clinic (206) 543-6010

NAME \_\_\_\_\_

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

\_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date

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.

\_\_\_\_ 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="radio"/> Associate	_____
____	<input type="radio"/> Bachelor's	_____
____	<input type="radio"/> Master's	_____
____	<input type="radio"/> Ph.D.	_____
____	<input type="radio"/> Other _____	_____

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) _____

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	1	2	3	4
b. child development	1	2	3	4
c. social learning theory	1	2	3	4
d. facilitating groups	1	2	3	4
e. classroom management skills	1	2	3	4
f. related areas (list below and mark rating)				
_____	1	2	3	4
_____	1	2	3	4
_____	1	2	3	4



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4. What is your professional title?

5. Number of years of professional experience:

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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

0

1

2

Somewhat subscribe

3

4

5

Strong supporter

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)

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)

- a. Individual intervention for child (0) (1) (2) (3) (4)
- b. Family therapy (0) (1) (2) (3) (4)
- c. Individual parent counseling (0) (1) (2) (3) (4)
- d. Educational or small group therapy for children (0) (1) (2) (3) (4)
- e. Educational or therapy groups for parents (0) (1) (2) (3) (4)
- f. Combined groups for parents and children (0) (1) (2) (3) (4)
- g. Consultation/supervision (0) (1) (2) (3) (4)
- h. Teaching - Behavioral Plans (0) (1) (2) (3) (4)
- i. Other (describe) (0) (1) (2) (3) (4)

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

- a. Children and families (0) (1) (2) (3) (4)
- b. Child-focused social skills groups (0) (1) (2) (3) (4)
- c. Parent-focused therapies (0) (1) (2) (3) (4)
- d. Parent training groups (0) (1) (2) (3) (4)
- e. Family therapy (0) (1) (2) (3) (4)
- f. Classroom teaching (0) (1) (2) (3) (4)

None at all  
Very little  
Some  
Extensive

None at all  
Very little  
Some  
Extensive



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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                            |
- 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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Four empty rectangular boxes for Group Leader ID.

Group Leader ID

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*)

- |   |  |
|---|--|
| <input type="radio"/> not applicable, none referred | <input type="radio"/> 10-12 years of age |
| <input type="radio"/> 0-4 years of age              | <input type="radio"/> 13-18 years of age |
| <input type="radio"/> 5-9 years of age              |  |

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

- |   |  |
|---|--|
| <input type="radio"/> not applicable, none referred | <input type="radio"/> 10-12 years of age |
| <input type="radio"/> 0-4 years of age              | <input type="radio"/> 13-18 years of age |
| <input type="radio"/> 5-9 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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22. What types of supervision do you currently receive? (*mark all that apply*)
- Not applicable, I do not work with families
  - I have no supervision and work independently
  - I have no supervision but use outside educational resources when needed
  - Computer email exchanges between my supervisor and me
  - Telephone calls with my supervisor
  - Direct meetings between my supervisor and me
  - Group meetings with several staff members and our supervisor
23. 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
24. 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
25. 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
26. How much do you agree with Statement A compared to Statement B?

<p><b>Statement A</b></p> <p>We offer and adhere to <i>one</i> main source of mental health intervention for families</p>
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compared to

<p><b>Statement B</b></p> <p>We offer and adhere to <i>many</i> diverse forms of mental health intervention for families</p>
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- |                             |                         |   |                                     |   |                         |                             |
|-----------------------------|-------------------------|---|-------------------------------------|---|-------------------------|-----------------------------|
| Completely<br><u>with A</u> | Mostly<br><u>with A</u> | Somewhat<br>more with A<br><u>than with B</u> | Equal amount<br><u>with A and B</u> | Somewhat<br>more with B<br><u>than with A</u> | Mostly<br><u>with B</u> | Completely<br><u>with B</u> |
| ①                           | ②                       | ③   | ④                                   | ⑤   | ⑥                       | ⑦                           |



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Group Leader ID

**This next section asks about work in general**

- |  |  |                       |                       |                       |                       |                       |  |  |
|--|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--|--|
|  | N/A  | Not at all satisfied  | Not very satisfied    | Neutral               | Somewhat satisfied    | Very Satisfied        |  |  |
| 27. How satisfied are you with the level of autonomy you have as a therapist working with families?            | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |  |  |
| 28. How satisfied are you with your organization's mental health services for children with behavior problems? | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |  |  |
| 29. How happy or satisfied are you with your current salary or pay?  | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |  |  |
| 30. How satisfied are you with the level of autonomy you have in your job generally?                           | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |  |  |
| 31. Overall, how happy or satisfied are you with your job?   | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |  |  |
| 32. What is <b>your</b> current level of stress directly related to your job? ( <i>mark one</i> )              |  |                       |                       |                       |                       |                       |  |  |
|  | <input type="radio"/> Not stressed at all  |                       |                       |                       |                       |                       |  |  |
|  | <input type="radio"/> A little stressed  |                       |                       |                       |                       |                       |  |  |
|  | <input type="radio"/> Somewhat stressed  |                       |                       |                       |                       |                       |  |  |
|  | <input type="radio"/> Quite a bit stressed   |                       |                       |                       |                       |                       |  |  |
|  | <input type="radio"/> Extremely stressed   |                       |                       |                       |                       |                       |  |  |
| 33. What percent of staff turnover is there in your organization/school each year? ( <i>mark one</i> )         |  |                       |                       |                       |                       |                       |  |  |
|  | <input type="radio"/> <2%  |                       |                       |                       |                       |                       |  |  |
|  | <input type="radio"/> <5%  |                       |                       |                       |                       |                       |  |  |
|  | <input type="radio"/> <10%   |                       |                       |                       |                       |                       |  |  |
|  | <input type="radio"/> <15%   |                       |                       |                       |                       |                       |  |  |
|  | <input type="radio"/> <20%   |                       |                       |                       |                       |                       |  |  |
|  | <input type="radio"/> <30%   |                       |                       |                       |                       |                       |  |  |
|  | <input type="radio"/> <40%   |                       |                       |                       |                       |                       |  |  |
|  | <input type="radio"/> Other <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> % |                       |                       |                       |                       |                       |  |  |
|  |  |                       |                       |                       |                       |                       |  |  |

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