

Name of Organization/Agency: _____
Name: _____
Date Reviewed: _____
Date of Initial Training and Program Started: _____



The Incredible Years (IY) Agency Administration Implementation Effectiveness: Parent Program

Organizational process and implementation components regarding the delivery of the Incredible Years parenting program vary from one organization to another for many different reasons. This questionnaire asks about your organization resources and intervention procedures underlying this program. Part A is to be completed by the agency administrator and group leader separately. Part B is to be completed by the IY program group leaders.

Part A: Agency Promotion of Incredible Years Intervention Fidelity

Agency Resources Provided

- A1. Are resources provided to help parents with transportation to the parent group sessions? (*Circle one.*)

Not at all Very little Some Quite a bit Extensive
1 2 3 4 5

- A2. Are resources and assistance provided for day care for children while parents attend the group? (*Circle one.*)

Not at all Very little Some Quite a bit Extensive
1 2 3 4 5

- A3. Are snacks or dinners provided for parent groups? (*Circle one.*)

Not at all Very little Some Quite a bit Extensive
1 2 3 4 5

- A4. Is satisfactory space available to deliver the program, which allows for small group practice and role plays without interruptions from others? (*Circle one.*)

Not at all Very little Some Quite a bit Extensive
1 2 3 4 5

A5. Is equipment available to easily view DVDs? (*Circle one.*)

<u>Not at all</u>	<u>Very little</u>	<u>Some</u>	<u>Quite a bit</u>	<u>Extensive</u>
1	2	3	4	5

A6. Is video camera equipment provided for group leaders to tape their group sessions? (*Circle one.*)

<u>Not at all</u>	<u>Very little</u>	<u>Some</u>	<u>Quite a bit</u>	<u>Extensive</u>
1	2	3	4	5

A7. Are supplies provided to support the group (toys, markers, white board or flip chart, incentives for parents)? (*Circle one.*)

<u>Not at all</u>	<u>Very little</u>	<u>Some</u>	<u>Quite a bit</u>	<u>Extensive</u>
1	2	3	4	5

A8. Is clerical assistance available to help group leaders with copying handouts and preparation of materials? (*Circle one.*)

<u>Not at all</u>	<u>Very little</u>	<u>Some</u>	<u>Quite a bit</u>	<u>Extensive</u>
1	2	3	4	5

A9. Are Incredible Years parent books or audiotapes provided for all parents attending groups? ___yes ___no

A10. Are interpreters provided for parents who do not speak English? (*Circle one.*)

<u>Not at all</u>	<u>Very little</u>	<u>Some</u>	<u>Quite a bit</u>	<u>Extensive</u>
1	2	3	4	5

Financial Sustainability

A11. Has a clear and stable referral base been identified? (E.g., preventive, high risk or diagnosed children or child protective service referred) (*Circle one.*)

<u>Not at all</u>	<u>Very little</u>	<u>Some</u>	<u>Quite a bit</u>	<u>Extensive</u>
1	2	3	4	5

A 12. Does the agency have a plan for financial sustainability of the program? (*Circle one.*)

<u>Not at all</u>	<u>Very little</u>	<u>Some</u>	<u>Quite a bit</u>	<u>Extensive</u>
1	2	3	4	5

Clinician/Group Leader Training Support by Agency

A 13. Has the agency administration carefully selected clinicians/group leaders for delivering this intervention based on their educational background, experience and motivation to deliver a group based intervention? (*Circle one.*)

Not at all Very little Some Quite a bit Extensive
1 2 3 4 5

A 14. Is work time available for clinicians/group leaders to have meetings regarding peer and self-review of videos of their parent group delivered? (*Circle one.*)

Not at all Seldom Monthly Every 2 Weeks Weekly
1 2 3 4 5

A 15. How much work time is available for clinicians/group leaders to plan and prepare for their group sessions? (*Circle one.*)

None Very little Monthly Every 2 Weeks Weekly
1 2 3 4 5

How many hours is allocated for preparation time? _____

A16. Do clinicians/group leaders have work time available to make weekly telephone calls to the parents in their groups? (*Circle one.*)

Not at all Very little Some Quite a bit Extensive
1 2 3 4 5

How many hours is allocated for weekly telephone call time? _____

A17. Is work time available for clinicians/group leaders to write weekly reviews and feedback on written home practice tasks? (*Circle one.*)

Not at all Very little Some Quite a bit Extensive
1 2 3 4 5

A18. Is work time available for clinicians/group leaders to do make-up sessions for parents who have missed a group session? (*Circle one.*)

Not at all Very little Some Quite a bit Extensive
1 2 3 4 5

A19. How much time is allocated each week for a group leader to be able to self-evaluate, plan and deliver one IY parent group?

_____ 2 hours per week (only for group time)

_____ 2-4 hours per week

- ____ 4-6 hours per week
- ____ 6-8 hours per week
- ____ 8-10 hours per week

A20. Is it possible for clinicians/group leaders to have telephone consultations with accredited IY trainers or mentors? (*Circle one.*)

<u>Not at all</u>	<u>Very little</u>	<u>Some</u>	<u>Quite a bit</u>	<u>Extensive</u>
1	2	3	4	5

A21. Is there one clear person who has responsibility for overseeing that the program is delivered with fidelity? (*Circle one.*)

<u>Not at all</u>	<u>Rarely</u>	<u>Some</u>	<u>Quite a bit</u>	<u>Consistently</u>
1	2	3	4	5

A22. How possible is it for group leaders to have consultation workshops with accredited IY trainers or mentors either on-site or in Seattle? (*Circle one.*)

<u>Not at all</u>	<u>Very little</u>	<u>Some</u>	<u>Quite a bit</u>	<u>Extensive</u>
1	2	3	4	5

A23. Is there support for two clinicians/group leaders per group? ____yes ____ no

A24. How many clinicians/group leaders have achieved certification/accreditation in your agency? ____ leaders

A25. Is there a plan for developing a certified peer coach or mentor in your agency?

____ Yes ____ No

A26. To what degree are rewards/recognition for group leaders provided by your agency for delivering the program well? (*Circle one.*)

<u>Not at all</u>	<u>Very little</u>	<u>Some</u>	<u>Quite a bit</u>	<u>Extensive</u>
1	2	3	4	5

A27. How important does the agency believe it is for clinicians/group leaders to become certified/accredited in the Incredible Years program? (*Circle one.*)

<u>Not at all</u>		<u>Somewhat</u>		<u>Extremely helpful</u>
1	2	3	4	5

Agency Monitoring and Accountability Procedures

A28. At your agency, how much importance is placed on compiling weekly and final program consumer evaluations and attendance, and preparing summary documents? (*Circle one.*)

<u>Not at all</u>	<u>Very little</u>	<u>Some</u>	<u>Quite a bit</u>	<u>Extensive</u>
1	2	3	4	5

A29. At your agency how much importance is placed on collecting baseline and post assessment measures of parent and teacher practices and reports of child social competence and behavior problems? (*Circle one.*)

<u>Not at all</u>	<u>Very little</u>	<u>Some</u>	<u>Quite a bit</u>	<u>Extensive</u>
1	2	3	4	5

A30. At your agency, how much importance is placed on reviewing fidelity measures of program delivery (session checklists, video checklists)? (*Circle one.*)

<u>Not at all</u>	<u>Very little</u>	<u>Some</u>	<u>Quite a bit</u>	<u>Extensive</u>
1	2	3	4	5

Part B: Group Leader/ Clinician Fidelity to Intervention

Part B is to be completed by clinician/group leaders who are delivering this program.

B1. Do you complete session checklists after each group session?
___yes ___no

B2. Have you submitted session checklists and evaluations for certification, or for agency fidelity review?
___yes ___no

B3. To what degree do you use the recommendations regarding core vignettes to show in each group session? (*Circle one.*)

<u>Not at all</u>	<u>Very little</u>	<u>Some</u>	<u>Quite a bit</u>	<u>Extensive</u>
1	2	3	4	5

B4. What percentage of the asterisked vignettes do you show, on average, in each session? (*Circle one.*)

<u>< 25%</u>	<u>25-50% of them</u>	<u>75% of them</u>	<u>All of them</u>
1	2	3	4

B5. To what degree are additional vignettes (not asterisked) selected to show to meet the specific needs, interests and risk level of parents in each unique group? (*Circle one.*)

Not at all Very little Some Quite a bit Extensive
1 2 3 4 5

B6. Are parents provided with handout notebooks (3 ringed) for them to bring each week and keep their handouts in? (*They will also include goals and self-monitoring checklists.*) ___yes ___no

B7. Is a structured approach used to allow parents to submit weekly home activities and to receive new home activities plus record their weekly activities, personal goals and plans? (e.g., file folders for each parent) (*Circle one.*)

Not at all Very little Some Quite a bit Extensive
1 2 3 4 5

B8. How many hours each week do you have for doing the following:

- ___ weekly telephone calls to parents in group
- ___ self-review of videos of group session delivered
- ___ preparation for next group session
- ___ home visits for parents who need additional support or make up sessions
- ___ comments regarding parent home practice tasks and write of key principles
- ___ recruitment of parents

B9. Do you call parents in your group during the week? (*Circle one.*)

Not at all Very little Some Quite a bit Usually
1 2 3 4 5

B9.5 What percentage of parents in a group do you reach each week? _____ %

B10. Are parents encouraged to make weekly buddy calls or emails or check-ins with each other each week? (*Circle one.*)

Not at all Very little Some Quite a bit Usually
1 2 3 4 5

B11. How often are role plays/practices part of a typical session? (*Circle one.*)

Never Seldom Some Once per session At least 2 per session
1 2 3 4 5

B12. How much time do you spend reviewing home activities at the beginning of each session?

- _____ 10 -15 min
- _____ 15-30 min
- _____ 30-45 min
- _____ 45-60 min
- _____ 60+

B13. Do much do you videotape your sessions during the course of one parent training group? (*Circle one.*)

- | | | | | |
|-------------------|-------------|------------------|-------------------------|---------------|
| <u>Not at all</u> | <u>Once</u> | <u>2-4 times</u> | <u>Every other week</u> | <u>Weekly</u> |
| 1 | 2 | 3 | 4 | 5 |

B14. How often do you participate with co-leaders in peer review videos of group sessions with their co-leader or peer using the collaborative checklist? (*Circle one.*)

- | | | | | |
|-------------------|-------------|------------------|-------------------------|---------------|
| <u>Not at all</u> | <u>Once</u> | <u>2-4 times</u> | <u>Every other week</u> | <u>Weekly</u> |
| 1 | 2 | 3 | 4 | 5 |

B15. How often do you ask parents to complete their weekly self-monitoring checklist? (*Circle one.*)

- | | | | | |
|-------------------|-------------|------------------|-------------------------|---------------|
| <u>Not at all</u> | <u>Once</u> | <u>2-4 times</u> | <u>Every other week</u> | <u>Weekly</u> |
| 1 | 2 | 3 | 4 | 5 |

B16. How often do you provide written feedback on weekly parent home activity forms? (*Circle one.*)

- | | | | | |
|-------------------|-------------|------------------|-------------------------|---------------|
| <u>Not at all</u> | <u>Once</u> | <u>2-4 times</u> | <u>Every other week</u> | <u>Weekly</u> |
| 1 | 2 | 3 | 4 | 5 |

B17. To what extent do you help parents understand how the parenting principles are helping them reach their goals? (*Circle one.*)

- | | | | | |
|-------------------|--------------------|-------------|--------------------|------------------|
| <u>Not at all</u> | <u>Very little</u> | <u>Some</u> | <u>Quite a bit</u> | <u>Extensive</u> |
| 1 | 2 | 3 | 4 | 5 |

B18. How many “buzzes” occur in the typical group session? (sharing behaviors to ignore, positive self-talk and calm down strategies, ways to get support) (*Circle one.*)

- | | | | |
|-------------------|--|-----------------------|----------------------------|
| <u>Not at all</u> | <u>Every 2nd-4th Session</u> | <u>Once a session</u> | <u>> Once a session</u> |
| 1 | 2 | 3 | 4 |

B19. How often do you provide reinforcement (prizes, raffles, stickers) provided to parents for completing home activities, participating in practices, reading chapters or for attendance? (*Circle one.*)

<u>Not at all</u>	<u>Very little</u>	<u>Some</u>	<u>Quite a bit</u>	<u>Extensive</u>
1	2	3	4	5

B20. How many sessions are offered in the typical Incredible Years parent group?

Parent Engagement

B21. How successful are the parents in doing the home activities each week? (reading, practice play, coaching, praise, incentives) (*Circle one.*)

<u>Not at all</u>	<u>Very little</u>	<u>Some</u>	<u>Quite a bit</u>	<u>Extensive</u>
1	2	3	4	5

B22. What are your weekly session evaluations like? (*Circle one.*)

<u>Negative</u>	<u>Bit negative</u>	<u>Neutral</u>	<u>Satisfactory</u>	<u>Very Positive</u>
1	2	3	4	5

B23. Are parents supporting each other in the group discussions? (*Circle one.*)

<u>Not at all</u>	<u>Very little</u>	<u>Some</u>	<u>Quite a bit</u>	<u>Extensive</u>
1	2	3	4	5

B24. What level of parent involvement and participation in group discussions and practices is typical? (*Circle one.*)

<u>Not at all</u>	<u>Very little</u>	<u>Some</u>	<u>Quite a bit</u>	<u>Extensive</u>
1	2	3	4	5

B25. What is attendance like by parents in your groups? (*Circle one.*)

<u>Poor</u>	<u>< 50% present</u>	<u>50%</u>	<u>Usually 2/3 present</u>	<u>Very Consistent</u>
1	2	3	4	5

B26. Are parents supporting each other or getting together outside of the group setting? (*Circle one.*)

<u>Not at all</u>	<u>Very little</u>	<u>Some</u>	<u>Quite a bit</u>	<u>Extensive</u>
1	2	3	4	5

