



Name of Agency/School: \_\_\_\_\_

Leader/Teacher Name: \_\_\_\_\_

Date: \_\_\_\_\_

### ***The Incredible Years (IY) Child Training Teacher/Dinosaur Group Leader and Organization Background Questionnaire***

Please submit this questionnaire about your professional background training and your agency/organization when you submit your materials for certification or video review. Thank you very much.

#### **Therapist and Group Leader Background Characteristics**

1. Please list educational degrees awarded and year. List most current first.

Degree/Certificate	Year	Field
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____

2. What is your Professional Educational Background? (Check one.)

- \_\_\_\_\_ a. Special needs education (special education)
- \_\_\_\_\_ b. Clinical Psychologist
- \_\_\_\_\_ c. Social work
- \_\_\_\_\_ d. Child educational therapist
- \_\_\_\_\_ e. Nurse
- \_\_\_\_\_ f. Teacher
- \_\_\_\_\_ g. School Psychologist/Counselor
- \_\_\_\_\_ h. Psychiatrist
- \_\_\_\_\_ i. Teacher assistant
- \_\_\_\_\_ j. Other (specify) \_\_\_\_\_

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

	Not at all	Very little	Some	Extensive
a. special needs training	1	2	3	4
b. child development	1	2	3	4
c. social learning therapy	1	2	3	4
d. facilitating groups	1	2	3	4
e. classroom management skills	1	2	3	4
f. teaching young children (4-7 years)	1	2	3	4
g. Related areas (List below and circle rating.)				
_____	1	2	3	4
_____	1	2	3	4
_____	1	2	3	4

4. What is your professional title? \_\_\_\_\_

5. Using the following scale, please rate your professional experience. (Circle one.)

Very little Experience (less than 1 year)	Some Experience (1 to 3 years)	Quite a bit of Experience (4-10 years)	Extensive Experience (More than 10 years)
1	2	3	4



**If you are a therapist, skip to number 8**

6. How many children are in your class? \_\_\_\_\_

7. What age are the children in your class?

- \_\_\_\_\_ a. 3-4 years (preschool)  
 \_\_\_\_\_ b. 5-6 years (kindergarten)  
 \_\_\_\_\_ c. 6-7 years (grade 1)  
 \_\_\_\_\_ d. 8 years (grade 2)  
 \_\_\_\_\_ e. Other (specify) \_\_\_\_\_

8. How many colleagues at your place of employment do the same type of work as you?

None	A few	Quite a few	Most
1	2	3	4

9. How supportive are your colleagues of your work? (Circle one.)

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



**If you are a teacher, skip to number 14**

10. Please rate how much you theoretically subscribe to each of the following in your practice.

Don't know or don't subscribe to this approach			Somewhat subscribe to this approach			Strong supporter of this approach
0	1	2	3	4	5	6

(Circle one for each item below.)

- |  |   |   |   |   |   |   |   |
|--|---|---|---|---|---|---|---|
| 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 |

**Introduction Part 4**

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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

**11. How much have you used the following types of interventions for children with behavioral problems and their parents in the past? (Circle one for each item below.)**

	<u>Not at all</u>	<u>Very little</u>	<u>Some</u>	<u>Extensive</u>
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-Behavior Plans	1	2	3	4
i. Other, (describe) _____	1	2	3	4

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

	<u>Not at all</u>	<u>Very little</u>	<u>Some</u>	<u>Extensive</u>
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

**13. What is your typical caseload of children or families per week at the place where you work?**

**(Check one)**

- \_\_\_\_\_ a. 1-5 cases per week
- \_\_\_\_\_ b. 6-10 cases per week
- \_\_\_\_\_ c. 11-20 cases per week
- \_\_\_\_\_ d. 21-30 cases per week
- \_\_\_\_\_ e. 31-40 cases per week
- \_\_\_\_\_ f. 41-50 cases per week
- \_\_\_\_\_ g. Over 50 cases per week

\_\_\_\_\_ h. Not applicable

***This section asks you about your agency, organization, or school.***

**Characteristics (Check one.)**

**14. What kind of organization/agency do you work for?**

- \_\_\_\_\_ a. Mental health agency  
\_\_\_\_\_ b. Public school  
\_\_\_\_\_ c. Private elementary school  
\_\_\_\_\_ d. Preschool or Head Start center  
\_\_\_\_\_ e. Day care center  
\_\_\_\_\_ f. Health maintenance organization/hospital  
\_\_\_\_\_ g. University  
\_\_\_\_\_ h. Other (please describe): \_\_\_\_\_

**15. How many children does your organization/school serve?**

- \_\_\_\_\_ a. Fewer than 500  
\_\_\_\_\_ b. 500-1000  
\_\_\_\_\_ c. 1,000-5,000  
\_\_\_\_\_ d. 5,000-10,000  
\_\_\_\_\_ e. 10,000-50,000  
\_\_\_\_\_ f. 50,000-100,000

**16. How would you describe the community where you work?**

- \_\_\_\_\_ a. Very rural  
\_\_\_\_\_ b. Rural  
\_\_\_\_\_ c. Somewhat urban  
\_\_\_\_\_ d. Urban  
\_\_\_\_\_ e. Very Urban

**17. How many mental health professionals are there in your organization/school?**

- \_\_\_\_\_ a. 1-5  
\_\_\_\_\_ b. 6-10  
\_\_\_\_\_ c. 11-20  
\_\_\_\_\_ d. 21-50  
\_\_\_\_\_ e. 51-100  
\_\_\_\_\_ f. 100+

**18. How are services financed in your organization/school? (Check all that apply.)**

- \_\_\_\_\_ a. grants  
\_\_\_\_\_ b. fee for service  
\_\_\_\_\_ c. insurance  
\_\_\_\_\_ d. state  
\_\_\_\_\_ e. federal

\_\_\_\_\_ f. other (please describe) \_\_\_\_\_

**19. Please indicate all age groups of children served at your organization/school.**

- \_\_\_\_\_ a. not applicable
- \_\_\_\_\_ b. 0-4 years of age
- \_\_\_\_\_ c. 5-9 years of age
- \_\_\_\_\_ d. 10-12 years of age
- \_\_\_\_\_ e. 13-18 years of age

**20. Please indicate the largest age group of children served at your organization/school. (Check only one.)**

- \_\_\_\_\_ a. not applicable
- \_\_\_\_\_ b. 0-4 years of age
- \_\_\_\_\_ c. 5-9 years of age
- \_\_\_\_\_ d. 10-12 years of age
- \_\_\_\_\_ e. 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.**

**21. How supportive does your agency/school seem in your efforts to deliver this program? (Circle one.)**

Not at all helpful		Somewhat helpful		Extremely helpful
1	2	3	4	5

**22. Does your organization/school currently offer or plan to offer any ongoing supervision or peer support for delivering the Incredible Years program?**

\_\_\_\_\_ no      \_\_\_\_\_ yes      **What does this involve?**

**23. What types of supervision do you currently receive? (Check all that apply.)**

- \_\_\_\_\_ a. Not applicable; I do not work with families/children
- \_\_\_\_\_ b. I have no supervision and work independently
- \_\_\_\_\_ c. I have no supervision but use outside educational resources 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

24. How satisfied are you with the amount of your current supervision? (Circle one.)

Not at all Satisfied	Not very Satisfied	Neutral	Somewhat Satisfied	Very Satisfied
1	2	3	4	5

25. How satisfied are you with the quality of your current supervision? (Circle one.)

Not at all Satisfied	Not very Satisfied	Neutral	Somewhat Satisfied	Very Satisfied
1	2	3	4	5

26. Which of the following best characterizes how decisions are made in your organization/school?

(Check all that apply.)

- \_\_\_\_\_ a. One person generally makes decisions
- \_\_\_\_\_ b. A committee not representing all employees from top to bottom makes decisions
- \_\_\_\_\_ c. A committee representing all employees from top to bottom makes decisions
- \_\_\_\_\_ d. Each employee from top to bottom has input that influences decision-making
- \_\_\_\_\_ e. Each employee from top to bottom has decision-making authority

27. How much do you agree with Statement A compared to Statement B?

**Statement A**

We offer and adhere to one main mental health program for families.

**Statement B**

We offer and adhere to many diverse forms of mental health programs for families.

compared to...

(Circle one below.)

Completely Completely with A	Mostly with A	Somewhat more with A than with B	Equal amount with A and B	Somewhat more with B than with A	Mostly with B	with B
1	2	3	4	5	6	7

**This Next Section Asks About Your Work in General**

Not at all Satisfied	Not very Satisfied	Neutral	Somewhat Satisfied	Very Satisfied
1	2	3	4	5

(Circle one for each item below.)

28. How satisfied are you with the level of autonomy 0 1 2 3 4 5

**Introduction Part 4**

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*you have as a teacher/therapist working with families?*

29. *How satisfied are you with your organization's mental health services for children with behavior problems?*      0    1    2    3    4    5

30. *How happy or satisfied are you with your current salary or pay?*      0    1    2    3    4    5

31. *How satisfied are you with the level of autonomy you have in your job generally?*      0    1    2    3    4    5

32. *Overall, how happy or satisfied are you with your job?*      0    1    2    3    4    5

33. *What is your current level of stress directly related to your job? (Check one.)*

- \_\_\_\_\_ a.    Not stressed at all
- \_\_\_\_\_ b.    A little stressed
- \_\_\_\_\_ c.    Somewhat stressed
- \_\_\_\_\_ d.    Quite a bit stressed
- \_\_\_\_\_ e.    Extremely stressed

34. *What percent of staff turnover is there in your organization/school each year? (Check one.)*

- \_\_\_\_\_ a.    < 2%
- \_\_\_\_\_ b.    < 5%
- \_\_\_\_\_ c.    < 10%
- \_\_\_\_\_ d.    < 15%
- \_\_\_\_\_ e.    < 20%
- \_\_\_\_\_ f.    < 30%
- \_\_\_\_\_ g.    < 40%
- \_\_\_\_\_ h.    Other \_\_\_\_\_%

35. *What percent of student/client turnover is there in your classroom/organization each year?*

*(Check one.)*

- \_\_\_\_\_ a.    < 2%
- \_\_\_\_\_ b.    < 5%
- \_\_\_\_\_ c.    < 10%
- \_\_\_\_\_ d.    < 15%
- \_\_\_\_\_ e.    < 20%
- \_\_\_\_\_ f.    < 30%
- \_\_\_\_\_ g.    < 40%
- \_\_\_\_\_ h.    Other \_\_\_\_\_%

**PARENT'S SATISFACTION QUESTIONNAIRE****DINOSAUR PROGRAM**

The following questionnaire is part of our evaluation of the Dinosaur Social Skills program that your child has 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	worse	slightly worse	the same	slightly improved	improved	greatly improved
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2. My child's problems which I/we have treated with clinic methods are at this point
 

considerably worse	worse	slightly worse	the same	slightly improved	improved	greatly improved
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3. My child's problems which I/we have not treated with clinic methods are at this point
 

considerably worse	worse	slightly worse	the same	slightly improved	improved	greatly improved
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4. At this point my feelings about my child's progress are that I am
 

very dissatisfied	dissatisfied	slightly dissatisfied	the same	slightly satisfied	satisfied	very satisfied
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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, parenting skills)
 

hindered much more than helped	hindered	hindered slightly	neither helped nor hindered	helped slightly	helped	helped very much
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6. At this point, my expectation for good results from this treatment is
 

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

very inappropriate	inappropriate	slightly inappropriate	neutral	slightly appropriate	appropriate	very appropriate
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8. Would you recommend the program to a friend or relative?
 

strongly not recommend	not recommend	slightly not recommend	neutral	slightly recommend	recommend	strongly recommend
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9. How confident are you in managing current behavior problems in the home on your own?
 

very unconfident	unconfident	somewhat unconfident	neutral	slightly confident	confident	very confident
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10. How confident are you in your ability to manage future behavior problems in the home?
 

very unconfident	unconfident	somewhat unconfident	neutral	slightly confident	confident	very confident
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11. My overall feeling about the treatment program for my child is
 

very negative	negative	somewhat negative	neutral	slightly positive	positive	very positive
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