



The Incredible Years® Parent Group Leader and Agency Background Questionnaire



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.

Name: _____ Date: _____

School/Agency Name: _____

GROUP LEADER BACKGROUND CHARACTERISTICS

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

Year awarded	Degree	Field of Study																									
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	<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 | <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: _____ |

3. In general, how much training have you had in each of the follow areas? (Check one for each.)

	No training at all	Very little training	Some training	Extensive training
a. Special needs training				
b. Child development				
c. Social Learning theory				
d. Facilitating groups				
e. Classroom management skills				
f. Related areas? (list below and give rating)				

4. What is your professional title?

--

5. Number of years of professional experience:

6. Please rate how much you theoretically subscribe to each of the following in your practice. (Provide a numerical rating for each item using the scale below.)

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

Somewhat
subscribe to this
approach

Strongly
subscribe to
this approach

0

1

2

3

4

5

6

	Rating (0-6)
Behavioral approaches	
Cognitive therapy	
Family therapy (e.g., structured, systemic, functional)	
Humanistic/existential therapy	
Psychodynamic therapy	
Solution-focused therapy	
Other (specify)	

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

	None at all	Very little	Some	Extensive
a. Individual intervention for child				
b. Family therapy				
c. Individual parent counseling				
d. Educational or small group therapy for children				
e. Educational or therapy groups for parents				
f. Combined groups for parents and children				
g. Consultation/supervision				
h. Teaching – Behavioral plans				
i. Other (describe):				

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				
b. Child-focused social skills groups				
c. Parent-focused therapy				
d. Parent training groups				
e. Family therapy				
f. Classroom teaching				

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 ☐ Somewhat ☐ Quite a bit ☐ Very much

11. What is your typical caseload of children/families/referrals per week?

- | | |
|--|--|
| <input type="radio"/> Not Applicable | <input type="radio"/> 21-30 cases per week |
| <input type="radio"/> 1-5 cases per week | <input type="radio"/> 31-40 cases per week |
| <input type="radio"/> 6-10 cases per week | <input type="radio"/> 41-50 cases per week |
| <input type="radio"/> 11-20 cases per week | <input type="radio"/> Over 50 cases per week |

THIS SECTION ASKS YOU ABOUT YOUR AGENCY OR ORGANIZATION CHARACTERISTICS.

12. What kind of organization/agency do you work for? (Select one.)

- | | |
|--|--|
| <input type="radio"/> Mental health agency | <input type="radio"/> Health maintenance organization/hospital |
| <input type="radio"/> Public elementary school | <input type="radio"/> University |
| <input type="radio"/> Private elementary school | <input type="radio"/> Family Center |
| <input type="radio"/> Preschool or Head Start center | <input type="radio"/> Other: _____ |
| <input type="radio"/> Day care center | |

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"/> 500-1,000 | <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 services | <input type="radio"/> Federal |
| <input type="radio"/> Insurance | <input type="radio"/> Other: _____ |

17. Please mark all target populations that you currently serve with **designated treatment or perventative service programs.**

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

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

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

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

- ☐ Not applicable, none referred ☐ 10-12 years of age
☐ 0-4 years of age ☐ 13-18 years of age
☐ 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?

- ☐ Not at all ☐ A little ☐ Somewhat ☐ Quite a bit ☐ Very much

21. Does your organization currently have a plan to offer ongoing supervision or peer support for delivering the Incredible Years® intervention?

- ☐ Not at all ☐ Very little ☐ Somewhat ☐ Quite a bit ☐ Very much

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
- ☐ I have no supervision but use outside educational resources when needed
- ☐ Computer email exchanges between my supervisor and me
- ☐ Telephone calls with my supervisor

23. How satisfied are you with the **amount of your current supervision?**

- ☐ Not at all satisfied ☐ Not very satisfied ☐ Neutral ☐ Somewhat satisfied ☐ Very satisfied

24. How satisfied are you with the **quality of your current supervision?**

- ☐ 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?

Statement A We offer and adhere to <i>one</i> main source of mental health intervention for families	compared to	Statement B We offer and adhere to <i>many</i> diverse forms of mental health intervention for families				
Completely with A	Mostly with A	Somewhat more A than B	Equal amount with A and B	Somewhat more B than A	Mostly with B	Completely with B
0	1	2	3	4	5	6

	N/A	Not at all Satisfied	Not very Satisfied	Neutral	Some-what Satisfied	Very Satisfied
27. How satisfied are you with the level of autonomy you have as a therapist working with families?						
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?						
31. Overall, how happy or satisfied are you with your job?						

32. What is **your current level of stress directly related to your job?**

- ☐ Not stressed at all
 ☐ Quite a bit stressed
☐ A little stressed
 ☐ Extremely stressed
☐ Somewhat stressed

33. What percent of staff turnover is there in your organization/school each year?

- ☐ <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.

