



56154

The Incredible Years Project

Teacher ID

Trainer ID

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

Date

We are asking you to complete this questionnaire about your professional background training and your school/organization in order to improve the quality of our training workshops and materials. Thank you for taking the time to complete this confidential form. **Please completely fill the circles with a black pen.**

Teacher and 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="radio"/> Associate	<input type="text"/>
<input type="text"/>	<input type="radio"/> Bachelor's	<input type="text"/>
<input type="text"/>	<input type="radio"/> Master's	<input type="text"/>
<input type="text"/>	<input type="radio"/> Ph.D.	<input type="text"/>
<input type="text"/>	<input type="radio"/> Other <input type="text"/>	<input type="text"/>

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) <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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. child development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. social learning theory	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. facilitating groups	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. classroom management skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. teaching young children (4-7 years)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. related areas <i>(list below and mark rating)</i>				
<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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4. What is your professional title?

[Empty text box for professional title]

5. Number of years professional experience:

[Two empty boxes for years of experience]

If you are a therapist, skip to #8.

6. How many children are in your class?

[Two empty boxes for number of children]

7. What age are the children in your class?

- 3-4 years (preschool)
- 5-6 years (kindergarten)
- 6-7 years (grade 1)
- 8 years (grade 2)
- Other (specify)

[Empty text box for specifying other age group]

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

- None
- A few
- Quite a few
- Most

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

- Not at all
- A little
- Some
- Quite a bit
- Very much

If you are a teacher, skip to # 14.

10. 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 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

[Empty text box for specifying other approach]



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11. 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 | | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 |
| b. Family therapy | | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 |
| c. Individual parent counseling | | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 |
| d. Educational or small group therapy for children | | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 |
| e. Educational or therapy groups for parents | | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 |
| f. Combined groups for parents and children | | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 |
| g. Consultation/supervision | | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 |
| h. Teaching - Behavioral Plans | | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 |
| i. Other (describe) | | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 |
12. In general, how much experience do you have working with the specific populations/therapies below? *(mark one for each item)*
- | | | | | | |
|---------------------------------------|--|-------------------------|-------------------------|-------------------------|-------------------------|
| a. Children and families | | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 |
| b. Child-focused social skills groups | | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 |
| c. Parent-focused therapies | | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 |
| d. Parent training groups | | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 |
| e. Family therapy | | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 |
| f. Classroom teaching | | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 |
13. What is your typical caseload of children or families per week at the place where you work? *(mark one)*
- | | | |
|---|--|--|
| <input type="radio"/> Not applicable | <input type="radio"/> 11-20 cases per week | <input type="radio"/> 41-50 cases per week |
| <input type="radio"/> 1-5 cases per week | <input type="radio"/> 21-30 cases per week | <input type="radio"/> over 50 cases per week |
| <input type="radio"/> 6-10 cases per week | <input type="radio"/> 31-40 cases per week | |

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

(mark one for each question)

14. What kind of organization/agency do you work for?
- | | |
|--|--|
| <input type="radio"/> Mental health agency | <input type="radio"/> Day care center |
| <input type="radio"/> Public 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"/> Other (please describe): |
15. How many children does your organization/school 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 |



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

- Very rural
- Rural
- Somewhat urban
- Urban
- Very urban

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

- 1-5
- 6-10
- 11-20
- 21-50
- 51-100
- 100+

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

- grants
- fee for service
- insurance
- state
- federal
- other (please describe)

19. Please indicate all age groups of children served at your organization/school *(mark all that apply)*

- not applicable
- 0-4 years of age
- 5-9 years of age
- 10-12 years of age
- 13-18 years of age

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

- not applicable
- 0-4 years of age
- 5-9 years of age
- 10-12 years of age
- 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 has your agency/school been in your efforts to deliver this program? *(mark one)*

- Not at all
- A little supportive
- Moderately supportive
- Supportive
- Extremely supportive

22. Has your organization/school offered any ongoing supervision or peer support for delivering the Incredible Years program?

- No
- Yes

What did this involve?



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23. What types of supervision do you currently receive? (*mark all that apply*)
- Not applicable; I do not work with families/children
 - 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
24. 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
25. 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
26. 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
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

compared to

Statement B

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

- | | | | | | | |
|--------------------------|----------------------|---|----------------------------------|---|----------------------|--------------------------|
| <u>Completely with A</u> | <u>Mostly with A</u> | <u>Somewhat more with A than with B</u> | <u>Equal amount with A and B</u> | <u>Somewhat more with B than with A</u> | <u>Mostly with B</u> | <u>Completely with B</u> |
| ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ |



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This next section asks about work in general (*mark one for each item below*)

- | | | | | |
|-----|--|--|--|--|
| | | N/A
Not at all satisfied
Not very satisfied
Neutral
Somewhat satisfied
Very Satisfied | | |
| 28. | How satisfied are you with the level of autonomy you have as a teacher/therapist working with families? | (0) (1) (2) (3) (4) (5) | | |
| 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 <i>your</i> 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 | | | |
| 34. | 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></td><td></td></tr></table> % | | | |
| | | | | |
| 35. | What percent of student/client turnover is there is your classroom/organization each year? | | | |
| | <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></td><td></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.