



47494

The Incredible Years Project

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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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*)
 Mental health agency Day care center
 Public elementary school Health maintenance organization/hospital
 Private elementary school University
 Preschool or Head Start center Family center Other (please describe):
13. How many families and children does your organization serve?
 Fewer than 500 5,000-10,000
 500-1000 10,000-50,000
 1,000-5,000 50,000-100,000
14. How would you describe the community where you work?
 Very rural Urban
 Rural Very urban
 Somewhat urban
15. How many mental health professionals are there in your agency?
 1-5 21-50
 6-10 51-100
 11-20 100+
16. How are services financed in your agency? (*mark all that apply*)
 grants state
 fee for service federal
 insurance other (please describe)



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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



Four empty boxes for Group Leader ID

This next section asks about work in general

- 27. How satisfied are you with the level of autonomy you have as a therapist working with families? N/A Not at all satisfied Not very satisfied Neutral Somewhat satisfied Very Satisfied
⓪ Ⓛ ② ③ ④ ⑤
- 28. How satisfied are you with your organization's mental health services for children with behavior problems? ⓪ Ⓛ ② ③ ④ ⑤
- 29. How happy or satisfied are you with your current salary or pay? ⓪ Ⓛ ② ③ ④ ⑤
- 30. How satisfied are you with the level of autonomy you have in your job generally? ⓪ Ⓛ ② ③ ④ ⑤
- 31. Overall, how happy or satisfied are you with your job? ⓪ Ⓛ ② ③ ④ ⑤

- 32. What is **your** current level of stress directly related to your job? (*mark one*)
 - Not stressed at all
 - A little stressed
 - Somewhat stressed
 - Quite a bit stressed
 - Extremely stressed

- 33. What percent of staff turnover is there in your organization/school each year? (*mark one*)
 - <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.