The Incredible Years (IY) Group Leader Implementation and Evaluation of Parent Program

We are contacting you because sometime in the past 5 years you received training and/or purchased one of the Incredible Years Parent Programs. In this questionnaire, we are asking you about your experience with this program in an effort to understand some of the strengths of the program as well as some of the barriers to implementing this program. Your confidential responses will help us to improve the quality of our initial training and our ongoing technical support. It will also help us to improve the training manual and materials. Thank you for taking the time to complete this form.

Population Served with Program

1. Are you offering the IY program as prevention or treatment programs? *(Check all that apply.)*
   __ a. Treatment for children with Oppositional Defiant Disorder
   __ b. Treatment for children with Conduct Disorder
   __ c. Treatment for children with ADHD
   __ d. Treatment for high risk parents with problems with abuse
   __ e. Prevention for high risk populations. **Please describe population:**
   __ f. Prevention for any parent who wants the program (universal).

2. How are families referred to you or your agency? *(Check all that apply.)*
   __ a. self-referred
   __ b. professional referral (e.g., physician, teacher)
   __ c. court referred
   __ d. other (please describe)

3. Are parents ever excluded from your groups? ____ yes ____ no
   Please give reason:

4. To what age children do you offer this program to in your agency? *(Check all that apply.)*
   __ a. ages 2–3 (toddlers)
   __ b. ages 4–7 (preschool version)
   __ c. ages 5–10 (early school age)
   __ d. mixture of above
   __ e. other (please describe)
Intervention/Program Characteristics

5. What Incredible Years Programs have you used? *(Check all that apply.)*
   __ a. Basic Parenting Program (preschool version)
   __ b. Basic Parenting Program (school age version)
   __ c. Advance Parenting Program (communication and problem-solving skills)
   __ d. Dinosaur Classroom Training Program in Social Skills and Problem Solving
   __ e. Dinosaur Small Group Treatment Program
   __ f. Teacher Classroom Management Program

6. How many parenting sessions do you offer? *(Check one.)*
   __ a. 4 or less
   __ b. 5-6 sessions
   __ c. 7-8 sessions
   __ d. 9-10 sessions
   __ e. 11-12 sessions
   __ f. 13-15 sessions
   __ g. 16-20 sessions
   __ h. 21-24 sessions
   __ i. 25+

7. How long does each session last? *(Check one.)*
   __ a. 1 hour
   __ b. 1 1/2 hours
   __ c. 2 hours
   __ d. 2-3 hours
   __ e. Other

8. Please rate parent attendance: *(Check one.)*
   On average, parents attend:
   __ a. 0–10% of sessions
   __ b. 10–25% of sessions
   __ c. 25–50% of sessions
   __ d. 50–75% of sessions
   __ e. 75–100% of sessions

9. How do you offer the program? *(Check all that apply.)*
   __ a. Individual, one-on-one (in home or clinic)
   __ b. Group format with 4–8 parents
   __ c. Group format with 9–12 parents
   __ d. Group format with 13+ parents

10. Please check which program components you offer in your delivery of the program:
    __ a. Play Programs
    __ b. Praise Programs
    __ c. Limit Setting Programs
    __ d. Handling Misbehavior
    __ e. Communication
    __ f. School Program
    __ g. Problem-Solving Programs
11. Which of the following things do you routinely do with every group when you deliver this program? (Circle one for each item.)

<table>
<thead>
<tr>
<th>Activity</th>
<th>Not at all</th>
<th>Very little</th>
<th>Some</th>
<th>Regularly</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Make weekly calls</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>b. Review weekly homework and write comments</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>c. Do role plays with parents</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>d. Do benefits/barriers exercises</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>e. Ask parents to complete weekly evaluations</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>f. Ask parents to complete self-monitoring checklists</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>g. Coordinate behavior plans with teachers</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>h. Do peer evaluations with co-leader</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>i. Provide food and snacks for meeting</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>j. Assist with transportation</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>k. Provide day care for children</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

12. How many vignettes do you show each session? (Circle one.)

<table>
<thead>
<tr>
<th>Number of Vignettes</th>
<th>Not at all</th>
<th>Very little</th>
<th>Some</th>
<th>Quite a bit</th>
<th>Extensive</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1-3 vignettes)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>(4-6 vignettes)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>Extensive</td>
</tr>
<tr>
<td>(7-10 vignettes)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>(11-15 vignettes)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>(16 or more)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td></td>
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</tbody>
</table>

13. (Using the above scale, circle one for each question.)

   a. How would you rate your understanding of theoretical foundations of the Incredible Years Parenting Programs? (e.g., cognitive social learning)

   1 2 3 4 5

   b. How would you rate your ability to use the core parenting practices of the Incredible Years Program in your practice? (e.g., play skills, incentives)

   1 2 3 4 5

   c. How would you rate your ability to use the group process strategies of the IY Program in your practice? (e.g., collaborative process)

   1 2 3 4 5

   d. How would you rate your ability to use the clinical strategies of the IY Program? (e.g., role play, brainstorm, use of videotapes)

   1 2 3 4 5

   e. How much do you like the Incredible Years Program as an approach for working with families of youngsters with behavioral problems?

   1 2 3 4 5


   Trainer or mentor: ____________________________________________
15. Please characterize your training by checking those that apply below:
   __ a. 2-day training
   __ b. 3-day training
   __ c. attended consultancy day workshops
   __ d. asked for consultation from Incredible Years trainers after basic training completed and groups started
   __ e. set up peer review groups with other group leaders to discuss group issues and/or share videotapes of groups
   __ f. obtained technical support (please elaborate)

16. How would you rate the training you received? (Circle one.)

<table>
<thead>
<tr>
<th>N/A</th>
<th>Not at all satisfied</th>
<th>Not very satisfied</th>
<th>Neutral</th>
<th>Somewhat satisfied</th>
<th>Very satisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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</tbody>
</table>

17. How have you changed the program to fit the needs of your population or agency? (Please elaborate.)

________________________________________________________

18. How often have you conducted a complete series of this program for a group of parents?

________________________________________________________

19. Are you certified as an Incredible Years parent group leader?
   ____ yes       ____ no       ________ date of certification

20. Are you interested in being a certified IY parent group leader?
   ____ yes       ____ no

21. What are your parent evaluations like?

<table>
<thead>
<tr>
<th>Often negative</th>
<th>Usually negative</th>
<th>Mixture of negative and positive</th>
<th>Mostly positive</th>
<th>Very positive most of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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</tbody>
</table>

22. What time of day do you offer the groups? (Check all that apply.)
   __ a. day time only
   __ b. day time and evening offerings
   __ c. only evening
   __ d. weekends
23. Where do you offer the groups? *(Check all that apply.)*
   __ a. in schools
   __ b. in mental health clinic
   __ c. in housing units
   __ d. in churches
   __ e. in home
   __ f. other

24. How was this program funded in your agency? *(Check all that apply.)*
   __ a. grant
   __ b. local agency
   __ c. private donation
   __ d. volunteer my time
   __ e. client payments
   __ f. other __________________________

25. How would you characterize parent evaluations of the program? *(Circle one.)*

<table>
<thead>
<tr>
<th>N/A</th>
<th>Unsatisfied</th>
<th>Not very satisfied</th>
<th>Sometimes satisfied</th>
<th>Often satisfied</th>
<th>Very often satisfied</th>
<th>Almost always satisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
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</tbody>
</table>

**Barriers to Program Delivery**

26. What barriers you have faced in delivering this program? *(Circle one for each item.)*

<table>
<thead>
<tr>
<th>Not at all</th>
<th>A little</th>
<th>Some</th>
<th>Quite a bit</th>
<th>Very much</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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</tbody>
</table>

a. lack of administrative support for service within my agency 1 2 3 4 5
b. lack of adequate funding 1 2 3 4 5
c. lack of interest from families 1 2 3 4 5
d. lack of interest from teachers and school district 1 2 3 4 5
e. personal frustration with program 1 2 3 4 5
f. lack of knowledge and feeling of incompetence in delivering the program 1 2 3 4 5
g. training for delivering the program was inadequate 1 2 3 4 5
h. inadequate technical support after groups start 1 2 3 4 5
i. funding forced limiting the number of sessions 1 2 3 4 5
j. program too complex to deliver 1 2 3 4 5
k. salary for delivering this program not adequate to want to continue 1 2 3 4 5
l. not enough time in my work load to fit into schedule 1 2 3 4 5
m. difficulties getting groups together 1 2 3 4 5
n. no space for group to meet 1 2 3 4 5
o. no space for day care for children 1 2 3 4 5
p. difficulty finding day care providers 1 2 3 4 5
q. Other __________________________ 1 2 3 4 5
27. Do you want to continue to offer the program in your agency? (Circle one.)

<table>
<thead>
<tr>
<th>Not at all</th>
<th>A little</th>
<th>Some</th>
<th>Quite a bit</th>
<th>Very much</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
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28. Do you need additional technical support at this time? Please elaborate.

___ yes    ___ no

29. Would you recommend this program to other counselors or group leaders?

___ yes    ___ no

30. How would you rate the ease of implementing this program? (Circle one.)

<table>
<thead>
<tr>
<th>Very difficult</th>
<th>Somewhat difficult</th>
<th>Neutral</th>
<th>Somewhat easy</th>
<th>Very easy</th>
</tr>
</thead>
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<tr>
<td>1</td>
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<td>5</td>
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31. How would you rate the effectiveness of this program? (Circle one.)

<table>
<thead>
<tr>
<th>Very ineffective</th>
<th>Somewhat ineffective</th>
<th>Neutral</th>
<th>Somewhat effective</th>
<th>Very effective</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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</table>

32. How would you rate the quality of the materials in this program? (Circle one.)

<table>
<thead>
<tr>
<th>Very poor</th>
<th>Poor</th>
<th>Neutral</th>
<th>Good</th>
<th>Very Good</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
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<td>5</td>
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</table>

Thank you for taking the time to fill out this form. We appreciate your dedication and commitment to parents, and we hope to better serve your needs in the future.

Please return this form to:

University of Washington
School of Nursing
Parenting Clinic
1107 NE 45th St Suite 305
Seattle, WA  98105

Phone (206) 543-6010
FAX (206) 543-6040