



Organization ID: _____
Group Leader ID: _____
Date: _____

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.*)

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

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

1	2	3	4	5
(1-3 vignettes)	(4-6 vignettes)	(7-10 vignettes)	(11-15 vignettes)	5 (16 or more)
<u>Not at all</u>	<u>Very little</u>	<u>Some</u>	<u>Quite a bit</u>	<u>Extensive</u>
1	2	3	4	5

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

14. In what year did you attend an IY parent group leader training? _____

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

<u>N/A</u>	<u>Not at all</u> <u>satisfied</u>	<u>Not very</u> <u>satisfied</u>	<u>Neutral</u>	<u>Somewhat</u> <u>satisfied</u>	<u>Very</u> <u>satisfied</u>
0	1	2	3	4	5

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?

<u>Often</u> <u>negative</u>	<u>Usually</u> <u>negative</u>	<u>Mixture of negative</u> <u>and positive</u>	<u>Mostly</u> <u>positive</u>	<u>Very positive</u> <u>most of the time</u>
1	2	3	4	5

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.*)

N/A	Not very	Sometimes	Often	Very often	Almost always
<u>Unsatisfied</u>	<u>satisfied</u>	<u>satisfied</u>	<u>satisfied</u>	<u>satisfied</u>	<u>satisfied</u>
0	1	2	3	4	5

Barriers to Program Delivery

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

	<u>Not at all</u>	<u>A little</u>	<u>Some</u>	<u>Quite a bit</u>	<u>Very much</u>
	1	2	3	4	5
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.*)

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

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.*)

Very Somewhat Neutral Somewhat Very
difficult difficult 3 easy easy
1 2 3 4 5

31. How would you rate the effectiveness of this program? (*Circle one.*)

Very Somewhat Neutral Somewhat Very
ineffective ineffective 3 effective effective
1 2 3 4 5

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

Very Poor Neutral Good Very
poor 2 3 4 Good
1 2 3 4 5

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:

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