Therapy Attitude Inventory

Directions: Please circle the response for each question which best expresses how you honestly feel.

1. Regarding techniques of disciplining, I feel I have learned
   1. nothing   2. very little   3. a few new   4. several useful   5. very many useful
   techniques   techniques   techniques

2. Regarding techniques for teaching my child new skills, I feel I have learned
   1. nothing   2. very little   3. a few new   4. several useful   5. very many useful
   techniques   techniques   techniques

3. Regarding the relationship between myself and my child, I feel we get along
   1. much worse   2. somewhat worse   3. the same as   4. somewhat better   5. very much
   than before   than before   before   than before   better than
   before

4. Regarding confidence in my ability to discipline my child, I feel
   1. much less   2. somewhat less   3. the same   4. somewhat more   5. much more
   confident    confident    confident    confident

5. The major behavior problems that my child presented at home before the program started are
   at this time
   1. considerably   2. somewhat   3. the same   4. somewhat   5. greatly
   worse   worse   before   improved   improved

6. I feel that my child’s compliance to my commands or requests is at this time
   1. considerably   2. somewhat   3. the same   4. somewhat   5. greatly
   worse   worse   before   improved   improved

7. Regarding the progress my child has made in his/her general behavior, I am
   1. very   2. somewhat   3. neutral   4. somewhat   5. very
   dissatisfied   dissatisfied   neutral   satisfied   satisfied

8. To what degree has the treatment program helped with other general personal or family
   problems not directly related to your child in the program
   1. hindered much   2. hindered   3. neither helped   4. helped   5. helped very
   more than helped   slightly   nor hindered   somewhat   much

9. I feel the type of program that was used to help me improve the behaviors of my child was
   1. very poor   2. poor   3. adequate   4. good   5. very good

10. My general feeling about the program I participated in, is
    1. I disliked it   2. I disliked it   3. I feel neutral   4. I liked it   5. I liked it
        very much   somewhat   somewhat   very much
### Supplemental Therapeutic Attitude Inventory items

11. Level of comfort with the ethnicity of your therapist/coach
   1. not  2. somewhat  3. neutral  4. somewhat  5. very
   comfortable  uncomfortable  comfortable

12. Level of comfort with the ethnicity of the assessment staff
   1. not  2. somewhat  3. neutral  4. somewhat  5. very
   comfortable  uncomfortable  comfortable

13. To what degree have the skills you learned in this treatment program been accepted by the people in your family (e.g., mother/father, adult siblings, other extended relatives)
   1. not  2. somewhat  3. neutral  4. somewhat  5. very
   accepted  not accepted  accepted

14. To what degree have the skills you learned in this treatment program been accepted by the people in your community (e.g., neighbors, other school/Head Start parent, friends)
   1. not  2. somewhat  3. neutral  4. somewhat  5. very
   accepted  not accepted  accepted

15. To what degree do you feel that the skills you have learned in this program are consistent with your religious or spiritual upbringing and values
   1. not  2. somewhat  3. neutral  4. somewhat  5. very
   consistent  inconsistent  consistent

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