

Child's Name _____ Parent's Name _____ Date _____

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 techniques
 4. several useful techniques
 5. very many useful techniques

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

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

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

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

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

7. Regarding the progress my child has made in their general behavior, I am
 1. very dissatisfied
 2. somewhat dissatisfied
 3. neutral
 4. somewhat satisfied
 5. very 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 more than helped
 2. hindered slightly
 3. neither helped nor hindered
 4. helped somewhat
 5. helped very 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 very much
 2. I disliked it somewhat
 3. I feel neutral
 4. I liked it somewhat
 5. I liked it very much

Supplemental Therapeutic Attitude Inventory items

11. Level of comfort with ethnicity of your therapist/coach
- | | | | | |
|-----------------------|------------------------------|---------------|-------------------------------|------------------------|
| 1. not
comfortable | 2. somewhat
uncomfortable | 3.
neutral | 4.
somewhat
comfortable | 5. very
comfortable |
|-----------------------|------------------------------|---------------|-------------------------------|------------------------|
12. Level of comfort with the ethnicity of the assessment staff
- | | | | | |
|-----------------------|------------------------------|---------------|-------------------------------|------------------------|
| 1. not
comfortable | 2. somewhat
uncomfortable | 3.
neutral | 4.
somewhat
comfortable | 5. very
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
accepted | 2. somewhat
not accepted | 3.
neutral | 4.
somewhat
accepted | 5. very
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 parents, friends)
- | | | | | |
|--------------------|-----------------------------|---------------|----------------------------|---------------------|
| 1. not
accepted | 2. somewhat
not accepted | 3.
neutral | 4.
somewhat
accepted | 5. very
accepted |
|--------------------|-----------------------------|---------------|----------------------------|---------------------|
15. The major behavior problems that my child presented at home before the program started are at this time
- | | | | | |
|----------------------|-----------------------------|---------------|------------------------------|-----------------------|
| 1. not
consistent | 2. somewhat
inconsistent | 3.
neutral | 4.
somewhat
consistent | 5. very
consistent |
|----------------------|-----------------------------|---------------|------------------------------|-----------------------|