

4.E.

Treatment Effectiveness Study

4.E.1.

Conflict Behavior Questionnaire–Short Form (CBQ–S): Caregiver

This study is authorized by Section 565 of the Public Health Service Act. Public reporting burden for this collection of information is estimated to average 10 minutes per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: SAMHSA Reports Clearance Officer; Paperwork Reduction Project (0930-0257); OAS Room 7-1045; 1 Choke Cherry Road, Rockville, MD 20857.

An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0257.

CONFLICT BEHAVIOR QUESTIONNAIRE, 20-ITEM SHORT FORM (CBQ-S): Caregiver

DATE (Today's Date)

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month			Day			Year			

CHILD ID (ID)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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RESP (Respondent for interview)

- 1 = Biological parent
- 2 = Adoptive/Stepparent
- 3 = Foster parent
- 4 = A live-in partner of parent
- 5 = Sibling (biological, step, etc.)
- 6 = Aunt or uncle
- 7 = Grandparent
- 8 = Cousin
- 9 = Other family relative
- 10 = Friend (adult friend)
- 11 = Other (*please specify:* _____)

TIMEFRAM (Assessment period)

- 0 = Intake
- 3 = 3 months
- 4 = 6 months
- 5 = 12 months
- 6 = 18 months

METH (Method of administering interview)

- 1 = In person
- 2 = Telephone

LANG (Language version of interview)

- 1 = English
- 2 = Spanish
- 3 = Other

TO BE COMPLETED BY INTERVIEWER FOLLOWING THE INTERVIEW:

Overall, how much concern did the interviewer have about the responses provided on this instrument?

- 1 = No concern
- 2 = Some concern [*Describe concern below*]
- 3 = Quite a bit of concern [*Describe concern below*]
- 4 = A lot of concern [*Describe concern below*]

If any concern was indicated above, please describe concern:

CHILD ID:

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Conflict Behavior Questionnaire, 20-Item (CBQ-S): Caregiver

Please think back over the last two weeks at home. I am going to read you some statements that have to do with you and your child. Please listen to the statement, and then decide whether you believe the statement is “true” or “false.” Please answer all items.

		True	False
1.	My child is easy to get along with.	1	2
2.	My child is receptive to criticism.	1	2
3.	My child is well behaved in our discussions.	1	2
4.	For the most part, my child likes to talk to me.	1	2
5.	We almost never seem to agree.	1	2
6.	My child usually listens to what I tell him/her.	1	2
7.	At least three times a week we get angry at each other.	1	2
8.	My child says that I have no consideration for his/her feelings.	1	2
9.	My child and I compromise during arguments.	1	2
10.	My child often doesn't do what I ask.	1	2
11.	The talks we have are frustrating.	1	2
12.	My child often seems angry at me.	1	2
13.	My child acts impatient when I talk.	1	2
14.	In general, I don't think we get along very well.	1	2
15.	My child almost never understands my side of an argument.	1	2
16.	My child and I have arguments about little things.	1	2
17.	My child is defensive when I talk to him/her.	1	2
18.	My child thinks my opinions don't count.	1	2
19.	We argue a lot about rules.	1	2
20.	My child tells me s/he thinks I am unfair.	1	2

For all variables and data elements:

666 = Not Applicable
777 = Refused

888 = Don't Know
999 = Missing

4.E.2.

DISC Predictive Scale, Parent Version (DPS): Caregiver

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DISC PREDICTIVE SCALE (DPS), PARENT VERSION 4.32: Caregiver

DATE (Today's Date)

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month			Day			Year			

CHILD ID (ID)

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RESP (Respondent for interview)

1 = Caregiver

TIMEFRAM (Assessment period)

0 = Intake

METH (Method of administering interview)

1 = In person

2 = Telephone

LANG (Language version of interview)

1 = English

2 = Spanish

3 = Other

CHILD ID:

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DISC Predictive Scale (DPS-4.32): Caregiver

These questions are about feelings that children and young people sometimes have and things that may have happened to them IN THE PAST YEAR.

		Responses		Question # (For ORC Macro use only)
		1	2	
1.	Has he/she often has trouble finishing his/her homework or other things he/she is supposed to do?	No	Yes	52
2.	Has he/she often not listened when people are speaking to him/her?	No	Yes	53
3.	In the last year, has he/she taken medication for being overactive, being hyperactive, or having trouble paying attention?	No	Yes	54
4.	Has your child often forgotten what he/she is supposed to be doing or what he/she had planned to do?	No	Yes	55
5.	Has he/she often found it hard to keep his/her mind on what he/she was doing when other things are going on?	No	Yes	56
6.	Sometimes people are supposed to stay in their seats, like at school or when they go somewhere like to the movies or to a library or to a restaurant. In the last year, has he/she often left his/her seat when he/she wasn't supposed to?	No	Yes	57
7.	Has he/she often made a lot of mistakes because it's hard for him/her to do things carefully?	No	Yes	58
8.	Has he/she often talked a lot more than other children his/her age?	No	Yes	59
9.	Everybody has times when they have trouble concentrating or keeping their mind on what they are doing. What we want to know is whether your child has had difficulty concentrating or keeping his/her mind on what he/she is doing most of the time. In the last year, has he/she often had trouble keeping his/her mind on what he/she is doing for more than a short time?	No	Yes	60
10.	Has he/she often climbed on things or run around when he/she isn't supposed to?	No	Yes	61
11.	Has he/she often interrupted other people when they are talking or when they are busy?	No	Yes	62
12.	Has he/she often gotten him/her self into a dangerous situation where he/she could have been injured because he/she wasn't thinking?	No	Yes	63
13.	Has he/she often disliked doing things where he/she has to pay attention for a long time?	No	Yes	64
14.	In the last year, has he/she refused to do what you or his/her teachers have told him/her to do?	No	Yes	65
15.	Has he/she been grouchy or easily annoyed?	No	Yes	66
16.	Has he/she seemed mad at people or other things?	No	Yes	67
17.	Has he/she gotten even with other people by doing things like hurting them, messing up their things, or telling lies about them?	No	Yes	68
18.	In the last year, did he/she swear or use dirty language?	No	Yes	69
19.	Has he/she done mean things to people on purpose?	No	Yes	70

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CHILD ID:

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DISC Predictive Scale (DPS-4.32): Caregiver

		Responses		Question # (For ORC Macro use only)
		1	2	
20.	Has he/she done things on purpose that you or his/her teachers told him/her not to do?	No	Yes	71
21.	In the last year, has your child lost his/her temper?	No	Yes	72
22.	Has he/she blamed someone else for his/her mistakes or for things he/she did that he/she shouldn't have done?	No	Yes	73
23.	Has he/she argued with or talked back to you or his/her teachers?	No	Yes	74
24.	Now I want to ask you about bullying; you know, hitting or threatening or scaring someone who is younger or smaller, or somebody who won't fight back. In the last year, has your child bullied someone in this way?	No	Yes	75
25.	Has he/she broken or damaged somebody else's things on purpose?	No	Yes	76
26.	Has he/she tried to hurt someone badly or been physically cruel to someone?	No	Yes	77
27.	Has your child lied to get money or something else he/she wanted?	No	Yes	78
28.	In the last year, has your child broken something or messed up some place on purpose, like breaking windows, writing on a building, or slashing tires?	No	Yes	79
29.	Has he/she hurt someone with a weapon like a bat, brick, broken bottle, knife or gun?	No	Yes	80
30.	Has he/she stolen from someone else when they weren't around or weren't looking?	No	Yes	81
31.	Has he/she broken into a house, building, or a car?	No	Yes	82
32.	In the last year, has he/she been physically cruel to an animal and hurt it on purpose?	No	Yes	83
33.	Has he/she been expelled from school for misbehavior- that is told that he/she could never go back to that school at all?	No	Yes	84
34.	Has your child been in a physical fight in which someone was hurt or could have been hurt?	No	Yes	85
35.	Has he/she faked someone's name on a check or used someone's credit card without permission?	No	Yes	86
36.	Has your child secretly stolen money or other things from you or his/her family or from other people he/she lives with?	No	Yes	87
37.	Has he/she lied so that he/she wouldn't have to pay back money he/she owed or to get out of something important he/she was supposed to do?	No	Yes	88
38.	Has he/she threatened someone in order to steal from them?	No	Yes	89

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4.E.3.

Family Assessment Measure–General Scale (FAM): Caregiver

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FAMILY ASSESSMENT MEASURE—GENERAL SCALE (FAM): Caregiver

DATE (Today's Date)

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month			Day			Year			

CHILD ID (ID)

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LANG (Language version of interview)

- 1 = English
- 2 = Spanish
- 3 = Other

TO BE COMPLETED BY INTERVIEWER FOLLOWING THE INTERVIEW:

Overall, how much concern did the interviewer have about the responses provided on this instrument?

- 1 = No concern
- 2 = Some concern [*Describe concern below*]
- 3 = Quite a bit of concern [*Describe concern below*]
- 4 = A lot of concern [*Describe concern below*]

If any concern was indicated above, please describe concern:

Now I am going to read to you 50 statements about your family as a whole, and I would like you to indicate to me how well the statement describes your family. Please let me know if you “strongly agree,” “agree,” “disagree,” or “strongly disagree” with the following statements.

[CARD]

		Strongly Agree	Agree	Disagree	Strongly Disagree
1.	We spend too much time arguing about what our problems are.	A	B	C	D
2.	Family duties are fairly shared.	A	B	C	D
3.	When I ask someone to explain what they mean, I get a straight answer.	A	B	C	D
4.	When someone in our family is upset, we don't know if they are angry, scared, sad, or what.	A	B	C	D
5.	We are as well adjusted as a family could be.	A	B	C	D
6.	You don't get a chance to be an individual in our family.	A	B	C	D
7.	When I ask why we have certain rules, I don't get a good answer.	A	B	C	D
8.	We have the same views on what is right and what is wrong.	A	B	C	D
9.	I don't see how any family could get along better than ours.	A	B	C	D
10.	Some days we are more easily annoyed than on others.	A	B	C	D
11.	When problems come up, we try different ways of solving them.	A	B	C	D
12.	My family expects me to do more than my share.	A	B	C	D
13.	We argue about who said what in our family.	A	B	C	D
14.	We tell each other about things that bother us.	A	B	C	D
15.	My family could be happier than it is.	A	B	C	D
16.	We feel loved in our family.	A	B	C	D
17.	When you do something wrong in our family, you don't know what to expect.	A	B	C	D
18.	It is hard to tell what the rules are in our family.	A	B	C	D
19.	I don't think any family could possibly be happier than mine.	A	B	C	D
20.	Sometimes we are unfair to each other.	A	B	C	D
21.	We never let things pile up until they are more than we can handle.	A	B	C	D
22.	We agree about who should do what in our family.	A	B	C	D
23.	I never know what is going on in our family.	A	B	C	D
24.	I can let my family know what is bothering me.	A	B	C	D
25.	We never get angry in our family.	A	B	C	D

For all variables and data elements:

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888 = Don't Know
999 = Missing

CHILD ID:

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Family Assessment Measure–General Scale (FAM): Caregiver

		Strongly Agree	Agree	Disagree	Strongly Disagree
26.	My family tries to run my life.	A	B	C	D
27.	If we do something wrong, we don't get a chance to explain.	A	B	C	D
28.	We argue about how much freedom we should have to make our own decisions.	A	B	C	D
29.	My family and I understand each other completely.	A	B	C	D
30.	We sometimes hurt each other's feelings.	A	B	C	D
31.	When things aren't going well, it takes too long to work them out.	A	B	C	D
32.	We can't rely on family members to do their part.	A	B	C	D
33.	We take the time to listen to each other.	A	B	C	D
34.	When someone is upset, we don't find out until much later.	A	B	C	D
35.	Sometimes we avoid each other.	A	B	C	D
36.	We feel close to each other.	A	B	C	D
37.	Punishments are fair in our family.	A	B	C	D
38.	The rules in our family don't make sense.	A	B	C	D
39.	Some things about my family don't please me entirely.	A	B	C	D
40.	We never get upset with each other.	A	B	C	D
41.	We deal with our problems even when they're serious.	A	B	C	D
42.	One family member always tries to be the center of attention.	A	B	C	D
43.	My family lets me have my way even when they disagree.	A	B	C	D
44.	When our family gets upset, we take too long to get over it.	A	B	C	D
45.	We always admit our mistakes without trying to hide anything.	A	B	C	D
46.	We don't really trust each other.	A	B	C	D
47.	We hardly ever do what is expected of us without being told.	A	B	C	D
48.	We are free to say what we think in our family.	A	B	C	D
49.	My family is not a perfect success.	A	B	C	D
50.	We have never let down another family member in any way.	A	B	C	D

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 777 = Refused

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 999 = Missing

Family Assessment Measure—General Scale

CARD

A = Strongly Agree

B = Agree

C = Disagree

D = Strongly Disagree

4.E.4.

Ohio Scales

4.E.4.a.

**Ohio Youth Problem, Functioning, and Satisfaction Scales–Parent Rating Scale:
Caregiver**

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OHIO YOUTH PROBLEM, FUNCTIONING, AND SATISFACTION SCALES: Caregiver

DATE (Today's Date)

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month			Day			Year			

CHILD ID (ID)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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- 9 = Other family relative
- 10 = Friend (adult friend)
- 11 = Other (please specify: _____)

TIMEFRAM (Assessment period)

- 0 = Intake
- 3 = 3 months

METH (Method of administering interview)

- 1 = In person
- 2 = Telephone

LANG (Language version of interview)

- 1 = English
- 2 = Spanish
- 3 = Other

Instructions to respondent: I am going to read you a list of items that describe the experiences of some children, and the issues that are often raised in the course of their care. Please listen to each statement or question carefully, and let me know if the responses reflect the experiences of you or your child.

[NOTE TO INTERVIEWER: Please read specific instructions included before each segment.]

TO BE COMPLETED BY INTERVIEWER FOLLOWING THE INTERVIEW:

Overall, how much concern did the interviewer have about the responses provided on this instrument?

- 1 = No concern
- 2 = Some concern [Describe concern below]
- 3 = Quite a bit of concern [Describe concern below]
- 4 = A lot of concern [Describe concern below]

If any concern was indicated above, please describe concern:

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Ohio Mental Health Consumer Outcomes System

Ohio Youth Problem, Functioning, and Satisfaction Scales

Parent Rating – Short Form

P

Child's Name: _____ Date: _____ Child's Grade: _____

ID#: _____
Completed by Agency

Child's Date of Birth: _____ Child's Sex: ☐ Male ☐ Female Child's Race: _____

Form Completed By: ☐ Mother ☐ Father ☐ Step-mother ☐ Step-father ☐ Other: _____

Instructions: Please rate the degree to which your child has experienced the following problems in the past 30 days.	Rating Scale					
	Not at All	Once or Twice	Several Times	Often	Most of the Time	All of the Time
1. Arguing with others	0	1	2	3	4	5
2. Getting into fights	0	1	2	3	4	5
3. Yelling, swearing, or screaming at others	0	1	2	3	4	5
4. Fits of anger	0	1	2	3	4	5
5. Refusing to do things teachers or parents ask	0	1	2	3	4	5
6. Causing trouble for no reason	0	1	2	3	4	5
7. Using drugs or alcohol	0	1	2	3	4	5
8. Breaking rules or breaking the law (out past curfew, stealing)	0	1	2	3	4	5
9. Skipping school or classes	0	1	2	3	4	5
10. Lying	0	1	2	3	4	5
11. Can't seem to sit still, having too much energy	0	1	2	3	4	5
12. Hurting self (cutting or scratching self, taking pills)	0	1	2	3	4	5
13. Talking or thinking about death	0	1	2	3	4	5
14. Feeling worthless or useless	0	1	2	3	4	5
15. Feeling lonely and having no friends	0	1	2	3	4	5
16. Feeling anxious or fearful	0	1	2	3	4	5
17. Worrying that something bad is going to happen	0	1	2	3	4	5
18. Feeling sad or depressed	0	1	2	3	4	5
19. Nightmares	0	1	2	3	4	5
20. Eating problems	0	1	2	3	4	5

(Add ratings together) Total _____

Instructions: Please circle your response to each question.

- Overall, how satisfied are you with your relationship with your child right now?
 - Extremely satisfied
 - Moderately satisfied
 - Somewhat satisfied
 - Somewhat dissatisfied
 - Moderately dissatisfied
 - Extremely dissatisfied
- How capable of dealing with your child's problems do you feel right now?
 - Extremely capable
 - Moderately capable
 - Somewhat capable
 - Somewhat incapable
 - Moderately incapable
 - Extremely incapable
- How much stress or pressure is in your life right now?
 - Very little
 - Some
 - Quite a bit
 - A moderate amount
 - A great deal
 - Unbearable amounts
- How optimistic are you about your child's future right now?
 - The future looks very bright
 - The future looks somewhat bright
 - The future looks OK
 - The future looks both good and bad
 - The future looks bad
 - The future looks very bad

Total: _____

Instructions: Please circle your response to each question.

- How satisfied are you with the mental health services your child has received so far?
 - Extremely satisfied
 - Moderately satisfied
 - Somewhat satisfied
 - Somewhat dissatisfied
 - Moderately dissatisfied
 - Extremely dissatisfied
- To what degree have you been included in the treatment planning process for your child?
 - A great deal
 - Moderately
 - Quite a bit
 - Somewhat
 - A little
 - Not at all
- Mental health workers involved in my case listen to and value my ideas about treatment planning for my child.
 - A great deal
 - Moderately
 - Quite a bit
 - Somewhat
 - A little
 - Not at all
- To what extent does your child's treatment plan include your ideas about your child's treatment needs?
 - A great deal
 - Moderately
 - Quite a bit
 - Somewhat
 - A little
 - Not at all

Total: _____

Instructions: Please rate the degree to which your child's problems affect his or her current ability in everyday activities. Consider your child's current level of functioning.	Extreme Troubles	Quite a Few Troubles	Some Troubles	OK	Doing Very Well
1. Getting along with friends	0	1	2	3	4
2. Getting along with family	0	1	2	3	4
3. Dating or developing relationships with boyfriends or girlfriends	0	1	2	3	4
4. Getting along with adults outside the family (teachers, principal)	0	1	2	3	4
5. Keeping neat and clean, looking good	0	1	2	3	4
6. Caring for health needs and keeping good health habits (taking medicines or brushing teeth)	0	1	2	3	4
7. Controlling emotions and staying out of trouble	0	1	2	3	4
8. Being motivated and finishing projects	0	1	2	3	4
9. Participating in hobbies (baseball cards, coins, stamps, art)	0	1	2	3	4
10. Participating in recreational activities (sports, swimming, bike riding)	0	1	2	3	4
11. Completing household chores (cleaning room, other chores)	0	1	2	3	4
12. Attending school and getting passing grades in school	0	1	2	3	4
13. Learning skills that will be useful for future jobs	0	1	2	3	4
14. Feeling good about self	0	1	2	3	4
15. Thinking clearly and making good decisions	0	1	2	3	4
16. Concentrating, paying attention, and completing tasks	0	1	2	3	4
17. Earning money and learning how to use money wisely	0	1	2	3	4
18. Doing things without supervision or restrictions	0	1	2	3	4
19. Accepting responsibility for actions	0	1	2	3	4
20. Ability to express feelings	0	1	2	3	4

Ohio Scales: Caregiver

CARD 1

0 = Not at all

1 = Once or twice

2 = Several times

3 = Often

4 = Most of the time

5 = All of the time

Ohio Scales: Caregiver

CARD 2

1 = Extremely satisfied

2 = Moderately satisfied

3 = Somewhat satisfied

4 = Somewhat dissatisfied

5 = Moderately dissatisfied

6 = Extremely dissatisfied

Ohio Scales: Caregiver

CARD 3

1 = Extremely capable

2 = Moderately capable

3 = Somewhat capable

4 = Somewhat incapable

5 = Moderately incapable

6 = Extremely incapable

Ohio Scales: Caregiver

CARD 4

1 = Very little

2 = Some

3 = Quite a bit

4 = A moderate amount

5 = A great deal

6 = Unbearable amounts

Ohio Scales: Caregiver

CARD 5

1 = The future looks very bright

2 = The future looks somewhat bright

3 = The future looks OK

4 = The future looks both good and bad

5 = The future looks bad

6 = The future looks very bad

Ohio Scales: Caregiver

CARD 6

1 = A great deal

2 = Moderately

3 = Quite a bit

4 = Somewhat

5 = A little

6 = Not at all

Ohio Scales: Caregiver

CARD 7

0 = Extreme troubles

1 = Quite a few troubles

2 = Some troubles

3 = OK

4 = Doing very well

4.E.4.b.

Ohio Youth Problem, Functioning, and Satisfaction Scales–Youth Rating Scale: Youth

This study is authorized by Section 565 of the Public Health Service Act. Public reporting burden for this collection of information is estimated to average 15 minutes per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: SAMHSA Reports Clearance Officer; Paperwork Reduction Project (0930-0257); OAS Room 7-1045; 1 Choke Cherry Road, Rockville, MD 20857.

An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0257.

OHIO YOUTH PROBLEM, FUNCTIONING, AND SATISFACTION SCALES: Youth

(Administered to TES-enrolled youth and their siblings aged 9 and older)

DATE (Today's Date)

		/			/				
Month			Day			Year			

CHILD ID (ID)

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RESP (Respondent for interview)

1 = Youth enrolled in study

TIMEFRAM (Assessment period)

0 = Intake
3 = 3 months

METH (Method of administering interview)

1 = In person
2 = Telephone

LANG (Language version of interview)

1 = English
2 = Spanish
3 = Other

Instructions to respondent: I am going to read you a list of items that describe some of the things that children sometimes go through. I am also going to ask you about some everyday activities, and your overall satisfaction with life and your mental health services. Please listen to each statement or question carefully, and let me know if the responses reflect your experiences.

[NOTE TO INTERVIEWER: Please read specific instructions included before each segment.]

TO BE COMPLETED BY INTERVIEWER FOLLOWING THE INTERVIEW:

Overall, how much concern did the interviewer have about the responses provided on this instrument?

- 1 = No concern
2 = Some concern [Describe concern below]
3 = Quite a bit of concern [Describe concern below]
4 = A lot of concern [Describe concern below]

If any concern was indicated above, please describe concern:

--



Ohio Mental Health Consumer Outcomes System

Ohio Youth Problem, Functioning, and Satisfaction Scales

Youth Rating – Short Form (Ages 12-18)

Y

Name: _____ Date: _____ Grade: _____

ID#: _____
Completed by Agency _____

Date of Birth: _____

Sex: ☐ Male ☐ Female

Race: _____

Instructions: Please rate the degree to which you have experienced the following problems in the past 30 days.	Not at All	Once or Twice	Several Times	Often	Most of the Time	All of the Time
1. Arguing with others	0	1	2	3	4	5
2. Getting into fights	0	1	2	3	4	5
3. Yelling, swearing, or screaming at others	0	1	2	3	4	5
4. Fits of anger	0	1	2	3	4	5
5. Refusing to do things teachers or parents ask	0	1	2	3	4	5
6. Causing trouble for no reason	0	1	2	3	4	5
7. Using drugs or alcohol	0	1	2	3	4	5
8. Breaking rules or breaking the law (out past curfew, stealing)	0	1	2	3	4	5
9. Skipping school or classes	0	1	2	3	4	5
10. Lying	0	1	2	3	4	5
11. Can't seem to sit still, having too much energy	0	1	2	3	4	5
12. Hurting self (cutting or scratching self, taking pills)	0	1	2	3	4	5
13. Talking or thinking about death	0	1	2	3	4	5
14. Feeling worthless or useless	0	1	2	3	4	5
15. Feeling lonely and having no friends	0	1	2	3	4	5
16. Feeling anxious or fearful	0	1	2	3	4	5
17. Worrying that something bad is going to happen	0	1	2	3	4	5
18. Feeling sad or depressed	0	1	2	3	4	5
19. Nightmares	0	1	2	3	4	5
20. Eating problems	0	1	2	3	4	5

(Add ratings together) Total _____

Instructions: Please circle your response to each question.

- Overall, how satisfied are you with your life right now?
 - Extremely satisfied
 - Moderately satisfied
 - Somewhat satisfied
 - Somewhat dissatisfied
 - Moderately dissatisfied
 - Extremely dissatisfied
- How energetic and healthy do you feel right now?
 - Extremely healthy
 - Moderately healthy
 - Somewhat healthy
 - Somewhat unhealthy
 - Moderately unhealthy
 - Extremely unhealthy
- How much stress or pressure is in your life right now?
 - Very little stress
 - Some stress
 - Quite a bit of stress
 - A moderate amount of stress
 - A great deal of stress
 - Unbearable amounts of stress
- How optimistic are you about the future?
 - The future looks very bright
 - The future looks somewhat bright
 - The future looks OK
 - The future looks both good and bad
 - The future looks bad
 - The future looks very bad

Total: _____

Instructions: Please circle your response to each question.

- How satisfied are you with the mental health services you have received so far?
 - Extremely satisfied
 - Moderately satisfied
 - Somewhat satisfied
 - Somewhat dissatisfied
 - Moderately dissatisfied
 - Extremely dissatisfied
- How much are you included in deciding your treatment?
 - A great deal
 - Moderately
 - Quite a bit
 - Somewhat
 - A little
 - Not at all
- Mental health workers involved in my case listen to me and know what I want.
 - A great deal
 - Moderately
 - Quite a bit
 - Somewhat
 - A little
 - Not at all
- I have a lot of say about what happens in my treatment.
 - A great deal
 - Moderately
 - Quite a bit
 - Somewhat
 - A little
 - Not at all

Total: _____

Instructions: Below are some ways your problems might get in the way of your ability to do everyday activities. Read each item and circle the number that best describes your current situation.					
	Extreme Troubles	Quite a Few Troubles	Some Troubles	OK	Doing Very Well
1. Getting along with friends	0	1	2	3	4
2. Getting along with family	0	1	2	3	4
3. Dating or developing relationships with boyfriends or girlfriends	0	1	2	3	4
4. Getting along with adults outside the family (teachers, principal)	0	1	2	3	4
5. Keeping neat and clean, looking good	0	1	2	3	4
6. Caring for health needs and keeping good health habits (taking medicines or brushing teeth)	0	1	2	3	4
7. Controlling emotions and staying out of trouble	0	1	2	3	4
8. Being motivated and finishing projects	0	1	2	3	4
9. Participating in hobbies (baseball cards, coins, stamps, art)	0	1	2	3	4
10. Participating in recreational activities (sports, swimming, bike riding)	0	1	2	3	4
11. Completing household chores (cleaning room, other chores)	0	1	2	3	4
12. Attending school and getting passing grades in school	0	1	2	3	4
13. Learning skills that will be useful for future jobs	0	1	2	3	4
14. Feeling good about self	0	1	2	3	4
15. Thinking clearly and making good decisions	0	1	2	3	4
16. Concentrating, paying attention, and completing tasks	0	1	2	3	4
17. Earning money and learning how to use money wisely	0	1	2	3	4
18. Doing things without supervision or restrictions	0	1	2	3	4
19. Accepting responsibility for actions	0	1	2	3	4
20. Ability to express feelings	0	1	2	3	4

(Add ratings together) Total _____

Ohio Scales: Youth
CARD 1

0 = Not at all

1 = Once or twice

2 = Several times

3 = Often

4 = Most of the time

5 = All of the time

Ohio Scales: Youth
CARD 2

1 = Extremely satisfied

2 = Moderately satisfied

3 = Somewhat satisfied

4 = Somewhat dissatisfied

5 = Moderately dissatisfied

6 = Extremely dissatisfied

Ohio Scales: Youth

CARD 3

1 = Extremely healthy

2 = Moderately healthy

3 = Somewhat healthy

4 = Somewhat unhealthy

5 = Moderately unhealthy

6 = Extremely unhealthy

Ohio Scales: Youth

CARD 4

1 = Very little stress

2 = Some stress

3 = Quite a bit of stress

4 = A moderate amount of stress

5 = A great deal of stress

6 = Unbearable amounts of stress

Ohio Scales: Youth
CARD 5

1 = The future looks very bright

2 = The future looks somewhat bright

3 = The future looks OK

4 = The future looks both good and bad

5 = The future looks bad

6 = The future looks very bad

Ohio Scales: Youth

CARD 6

1 = A great deal

2 = Moderately

3 = Quite a bit

4 = Somewhat

5 = A little

6 = Not at all

Ohio Scales: Youth

CARD 7

0 = Extreme troubles

1 = Quite a few troubles

2 = Some troubles

3 = OK

4 = Doing very well

4.E.5.

Therapeutic Alliance Scales

4.E.5.a.

Therapeutic Alliance Scale (TAS–C): Caregiver

This study is authorized by Section 565 of the Public Health Service Act. Public reporting burden for this collection of information is estimated to average 10 minutes per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: SAMHSA Reports Clearance Officer; Paperwork Reduction Project (0930-0257); OAS Room 7-1045; 1 Choke Cherry Road, Rockville, MD 20857.

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THERAPEUTIC ALLIANCE SCALE (TAS-C): Caregiver

DATE (Today's Date)

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month			Day			Year			

CHILD ID (ID)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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RESP (Respondent for interview)

- 1 = Biological parent
- 2 = Adoptive/Stepparent
- 3 = Foster parent
- 4 = A live-in partner of parent
- 5 = Sibling (biological, step, etc.)
- 6 = Aunt or uncle
- 7 = Grandparent
- 8 = Cousin
- 9 = Other family relative
- 10 = Friend (adult friend)
- 11 = Other (please specify: _____)

TIMEFRAM (Assessment period)

- 1 = 1 month
- 2 = 2 months
- 3 = 3 months

METH (Method of administering interview)

- 1 = In person
- 2 = Telephone

LANG (Language version of interview)

- 1 = English
- 2 = Spanish
- 3 = Other

TO BE COMPLETED BY INTERVIEWER FOLLOWING THE INTERVIEW:

Overall, how much concern did the interviewer have about the responses provided on this instrument?

- 1 = No concern
- 2 = Some concern [Describe concern below]
- 3 = Quite a bit of concern [Describe concern below]
- 4 = A lot of concern [Describe concern below]

If any concern was indicated above, please describe concern:

CHILD ID:

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Therapeutic Alliance Scale (TAS-C): Caregiver

Has your child received any therapy in the last 30 days?1 = No *[END OF QUESTIONNAIRE]*2 = Yes *[IF YES, continue to read instructions and administer questionnaire]*3 = Don't Know *[END OF QUESTIONNAIRE]*

I am going to be reading you some statements that caregivers have made on a range of issues regarding therapy, and their relationship with their child's therapist. Please let me know if you "agree," "somewhat agree," or "disagree" with each of the following statements.

[CARD]

		Disagree	Somewhat Agree	Agree
1.	My child's therapist respects me.	1	2	3
2.	I like my child's therapist.	1	2	3
3.	The therapist would stick with my child no matter what his/her problems are.	1	2	3
4.	It matters to me what my child's therapist thinks about me.	1	2	3
5.	My child's therapist accepts me.	1	2	3
6.	My child's therapist doesn't get upset if I disagree with him/her.	1	2	3
7.	Being in therapy helps make life better for my child.	1	2	3
8.	If I had a choice my child would not be in therapy.	3	2	1
9.	The therapist helps me think through my child's problems.	1	2	3
10.	Being in therapy is usually a waste of time for my child.	3	2	1
11.	My child's therapist encourages me to think about things that trouble me.	1	2	3
12.	My child's therapist focuses on things that aren't important to me.	3	2	1
13.	The therapist tells me what is supposed to be happening with my child during treatment/therapy.	1	2	3
14.	What my child does in therapy doesn't make sense to me.	3	2	1
15.	The therapist doesn't check to see if my child does what he/she is asked to do by the therapist.	3	2	1
16.	My child's therapist knows when it is difficult for me to talk about things.	1	2	3
17.	I can easily fool my child's therapist.	3	2	1
18.	My child's therapist really listens to what I have to say.	1	2	3
19.	My therapist makes me feel that I am to blame for my child's problems.	3	2	1
20.	Having my child in therapy makes me feel as if I can't do anything right with my child.	3	2	1

For all variables and data elements:

666 = Not Applicable

777 = Refused

888 = Don't Know

999 = Missing

CHILD ID:

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Therapeutic Alliance Scale (TAS-C): Caregiver

		Disagree	Somewhat Agree	Agree
21.	I can talk to the therapist about everything that bothers me about my child.	1	2	3
22.	My child's therapist listens to changes I want to make in my child's therapy.	1	2	3
23.	I would select another therapist for my child if I could.	3	2	1
24.	The therapist and I agree on changes my child needs to make in his/her behavior.	1	2	3
25.	The therapist has no clue what is really going on with my child.	3	2	1
26.	The therapist wants to know when things aren't going well for me with my child.	1	2	3
27.	The therapist and I work on my child's problems as a team.	1	2	3
28.	The therapist lets me know that some things my child shares with the therapist are private.	1	2	3
29.	The therapist helps my child communicate better with the adults (parents, teachers, etc.) in his/her life.	1	2	3
30.	The therapist knows what I want to accomplish for my child.	1	2	3

*Note: shaded items are reversed scored.

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For all variables and data elements:

666 = Not Applicable
777 = Refused

888 = Don't Know
999 = Missing

Therapeutic Alliance Scale: Caregiver

CARD

1 = Disagree

2 = Somewhat agree

3 = Agree

4.E.5.b.

Therapeutic Alliance Scale (TAS–Y): Youth

This study is authorized by Section 565 of the Public Health Service Act. Public reporting burden for this collection of information is estimated to average 10 minutes per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: SAMHSA Reports Clearance Officer; Paperwork Reduction Project (0930-0257); OAS Room 7-1045; 1 Choke Cherry Road, Rockville, MD 20857.

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THERAPEUTIC ALLIANCE SCALE (TAS-Y): Youth

(Administered to TES-enrolled youth aged 11 and older)

DATE (Today's Date)

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month			Day			Year			

CHILD ID (ID)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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RESP (Respondent for interview)

1 = Youth enrolled in the study

TIMEFRAM (Assessment period)

1 = 1 month

2 = 2 months

3 = 3 months

METH (Method of administering interview)

1 = In person

2 = Telephone

LANG (Language version of interview)

1 = English

2 = Spanish

3 = Other

TO BE COMPLETED BY INTERVIEWER FOLLOWING THE INTERVIEW:

Overall, how much concern did the interviewer have about the responses provided on this instrument?

1 = No concern

2 = Some concern *[Describe concern below]*

3 = Quite a bit of concern *[Describe concern below]*

4 = A lot of concern *[Describe concern below]*

If any concern was indicated above, please describe concern:

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CHILD ID:

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Therapeutic Alliance Scale (TAS–Y): Youth 11 and Older

Have you received any therapy in the last 30 days?1 = No *[END OF QUESTIONNAIRE]*2 = Yes *[IF YES, continue to read instructions and administer questionnaire]*3 = Don't Know *[END OF QUESTIONNAIRE]*

I am going to be reading you some statements that youth have made on a range of issues regarding therapy, and their relationship with their therapist. Please let me know if you “agree,” “somewhat agree,” or “disagree” with each of the following statements.

[CARD]

		Disagree	Somewhat Agree	Agree
1.	My therapist respects me.	1	2	3
2.	I like my therapist.	1	2	3
3.	My therapist would stick with me no matter what my problems are.	1	2	3
4.	It matters to me what my therapist thinks about me.	1	2	3
5.	My therapist accepts me.	1	2	3
6.	My therapist doesn't get upset if I disagree with him/her.	1	2	3
7.	Being in therapy helps make life better for me.	1	2	3
8.	If I had a choice I would not be in therapy.	3	2	1
9.	My therapist helps me think through my problems.	1	2	3
10.	Being in therapy is usually a waste of time.	3	2	1
11.	My therapist encourages me to think about things that trouble me.	1	2	3
12.	My therapist focuses on things that aren't important to me.	3	2	1
13.	My therapist tells me what is supposed to be happening with me during therapy.	1	2	3
14.	What I do in therapy doesn't make sense to me.	3	2	1
15.	My therapist doesn't check to see if I do what he/she asks me to do.	3	2	1
16.	My therapist knows when it is difficult for me to talk about things.	1	2	3
17.	I can easily fool my therapist.	3	2	1
18.	My therapist really listens to what I have to say.	1	2	3
19.	My therapist makes me feel that I am to blame for my problems.	3	2	1
20.	Being in treatment makes me feel as if I can't do anything right.	3	2	1
21.	I can talk to my therapist about everything that bothers me.	1	2	3
22.	My therapist listens to changes I want to make in what I do in treatment.	1	2	3

For all variables and data elements:

666 = Not Applicable

777 = Refused

888 = Don't Know

999 = Missing

CHILD ID:

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Therapeutic Alliance Scale (TAS–Y): Youth 11 and Older

		Disagree	Somewhat Agree	Agree
23.	I would select another therapist if I could.	3	2	1
24.	My therapist and I agree on changes I need to make in my behavior.	1	2	3
25.	My therapist has no clue what is really going on with me.	3	2	1
26.	My therapist wants to know when things aren't going well for me.	1	2	3
27.	My therapist and I work on my problems as a team.	1	2	3
28.	My therapist lets me know if the things I say to him/her are private or not.	1	2	3
29.	My therapist helps me communicate better with the adults (parents, teachers, etc.) in my life.	1	2	3
30.	My therapist knows what I want to accomplish in therapy.	1	2	3

*Note: shaded items are reversed scored.

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For all variables and data elements:

666 = Not Applicable
777 = Refused

888 = Don't Know
999 = Missing

Therapeutic Alliance Scale: Youth

CARD

1 = Disagree

2 = Somewhat agree

3 = Agree

4.E.6.

Therapy Adherence Form–Revised (TAF–R): Caregiver

This study is authorized by Section 565 of the Public Health Service Act. Public reporting burden for this collection of information is estimated to average 10 minutes per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: SAMHSA Reports Clearance Officer; Paperwork Reduction Project (0930-0257); OAS Room 7-1045; 1 Choke Cherry Road, Rockville, MD 20857.

An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0257.

THERAPY ADHERENCE FORM—REVISED (TAF—R): Caregiver

DATE (Today's Date)

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month			Day			Year			

CHILD ID (ID)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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RESP (Respondent for interview)

- 1 = Biological parent
- 2 = Adoptive/Stepparent
- 3 = Foster parent
- 4 = A live-in partner of parent
- 5 = Sibling (biological, step, etc.)
- 6 = Aunt or uncle
- 7 = Grandparent
- 8 = Cousin
- 9 = Other family relative
- 10 = Friend (adult friend)
- 11 = Other (*please specify:* _____)

TIMEFRAM (Assessment period)

- 3 = 3 months

METH (Method of administering interview)

- 1 = In person
- 2 = Telephone

LANG (Language version of interview)

- 1 = English
- 2 = Spanish
- 3 = Other

TO BE COMPLETED BY INTERVIEWER FOLLOWING THE INTERVIEW:

Overall, how much concern did the interviewer have about the responses provided on this instrument?

- 1 = No concern
- 2 = Some concern [*Describe concern below*]
- 3 = Quite a bit of concern [*Describe concern below*]
- 4 = A lot of concern [*Describe concern below*]

If any concern was indicated above, please describe concern:

CHILD ID:

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Therapy Adherence Form–Revised (TAF–R): Caregiver

Has your child received any therapy in the last 3 months?1 = No *[END OF QUESTIONNAIRE]*2 = Yes *[IF YES, continue to read instructions and administer questionnaire]*3 = Don't Know *[END OF QUESTIONNAIRE]*

The purpose of this form is to learn more about the type of help you and your child have received in the first 3 months after starting with your therapist. Please think about all of the meetings you and your child have had with your therapist in your first 3 months. When answering the questions below, think about how frequently your child's therapist did the following things in working with your child and/or your family.

[CARD]

		The therapist rarely or never did this	The therapist sometimes did this	The therapist frequently or regularly did this
1.	Made attempts to have all family members attend all of your child's therapy sessions.	0	1	2
2.	Met with your child individually during the session.	0	1	2
3.	Met individually with you for part of the session, and with your child for part of the session.	0	1	2
4.	Met with all family members who attend the session.	0	1	2
5.	Showed understanding and respect for all family members and did not criticize, accuse or label anyone.	0	1	2
6.	Greeted every family member and talked with and sought family members' opinions during sessions.	0	1	2
7.	Repeated back what family members said but did not challenge or criticize their point of view.	0	1	2
8.	During sessions, developed a relationship with people in your family by talking to them, asking them questions, and expressing interest in their lives.	0	1	2
9.	Asked questions about how family members communicate and interact with each other.	0	1	2
10.	Asked questions about how you parent and discipline your child.	0	1	2
11.	Allowed your child or you to lead the session and talk about things that are important or happening in your family.	0	1	2
12.	Decided what will be talked about or covered in session.	0	1	2
13.	Spoke more often than anyone else during the therapy session.	0	1	2
14.	Taught your child problem-solving and social skills.	0	1	2
15.	Asked or told family members to talk to each other or tell each other things during the session.	0	1	2
16.	Provided more positive views of family or child problems that <i>your child</i> could relate to and possibly "buy into."	0	1	2

For all variables and data elements:

666 = Not Applicable

777 = Refused

888 = Don't Know

999 = Missing

CHILD ID:

--	--	--	--	--	--	--	--

Therapy Adherence Form–Revised (TAF–R): Caregiver

		The therapist <i>rarely or never did this</i>	The therapist <i>sometimes did this</i>	The therapist <i>frequently or regularly did this</i>
17.	Provided more positive views of family or child problems that <i>you</i> could relate to and possibly “buy into.”	0	1	2
18.	Talked with your family about how you talk to and interact with each other.	0	1	2
19.	Talked with you about how to respond to your child’s behavior.	0	1	2
20.	Actively asked and encouraged family members to do and try new behaviors.	0	1	2
21.	Tried to strengthen relationships between certain family members or tried to create boundaries between other family members.	0	1	2
22.	Offered positive feedback and/or praise when family members did what the therapist asked them to do in session.	0	1	2
23.	Worked with or talked with your child’s teachers or school.	0	1	2
24.	Assigned homework tasks.	0	1	2

For all variables and data elements:

666 = Not Applicable
777 = Refused

888 = Don’t Know
999 = Missing

Therapy Adherence Form–Revised: Caregiver

CARD

0 = The therapist *rarely or never* did this

1 = The therapist *sometimes* did this

2 = The therapist *frequently or regularly* did this

4.E.7.

Evidence-Based Practice Provider Attitudes Scale: Provider

This study is authorized by Section 565 of the Public Health Service Act. Public reporting burden for this collection of information is estimated to average 5 minutes per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: SAMHSA Reports Clearance Officer; Paperwork Reduction Project (0930-0257); OAS Room 7-1045; 1 Choke Cherry Road, Rockville, MD 20857.

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THE EVIDENCE-BASED PRACTICE PROVIDER ATTITUDES SCALE (EBPAS): Provider

DATE (Today's Date)

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month			Day			Year			

RESP (Respondent for interview)

1 = Service Provider

TIMEFRAM (Assessment period)

0 = Intake

METH (Method of administering interview)

1 = Self report

2 = In person

3 = Telephone

LANG (Language version of interview)

1 = English

2 = Spanish

3 = Other

CHILD ID:

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Evidence-based Practice Provider Attitudes Scale (EBPAS): Provider

Please read through the following items carefully, and indicate how much you agree or disagree with the statements made. The answer options are “not at all,” “to a slight extent,” “to a moderate extent,” “to a great extent,” and “to a very great extent.” Please answer all items.

[CARD]

		Not at All	To a Slight Extent	To a Moderate Extent	To a Great Extent	To a Very Great Extent
1.	I like to use new types of therapy/interventions to help my clients.	0	1	2	3	4
2.	I am willing to try new types of therapy/interventions even if I have to follow a treatment manual.	0	1	2	3	4
3.	I know better than academic researchers how to care for my clients.	0	1	2	3	4
4.	I am willing to use new and different types of therapy/interventions developed by researchers.	0	1	2	3	4
5.	Research based treatments/interventions are not clinically useful.	0	1	2	3	4
6.	Clinical experience is more important than using manualized therapy/interventions.	0	1	2	3	4
7.	I would not use manualized therapy/interventions.	0	1	2	3	4
8.	I would try a new therapy/intervention even if it were very different from what I am used to doing.	0	1	2	3	4
For questions 13-19: If you received training in a therapy or intervention that was new to you, how likely would you be to adopt it if:						
9.	It was intuitively appealing?	0	1	2	3	4
10.	It “made sense” to you?	0	1	2	3	4
11.	It was required by your supervisor?	0	1	2	3	4
12.	It was required by your agency?	0	1	2	3	4
13.	It was required by your state?	0	1	2	3	4
14.	It was being used by colleagues who were happy with it?	0	1	2	3	4
15.	You felt you had enough training to use it correctly?	0	1	2	3	4

For all variables and data elements:

666 = Not Applicable
777 = Refused

888 = Don't Know
999 = Missing

Evidence-based Practice Provider Attitudes Scale

CARD

0 = Not at all

1 = To a slight extent

2 = To a moderate extent

3 = To a great extent

4 = To a very great extent