

THERAPY ATTITUDE INVENTORY*

(Please circle the response for each question which best expresses how you honestly feel.)

I. Regarding techniques of disciplining, I feel I have learned

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|------------|----------------|-------------------------|------------------------------|--------------------------------|
| 1. nothing | 2. very little | 3. a few new techniques | 4. several useful techniques | 5. very many useful techniques |
|------------|----------------|-------------------------|------------------------------|--------------------------------|

II. Regarding techniques for teaching my child new skills, I feel I have learned

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|------------|----------------|-------------------------|------------------------------|--------------------------------|
| 1. nothing | 2. very little | 3. a few new techniques | 4. several useful techniques | 5. very many useful techniques |
|------------|----------------|-------------------------|------------------------------|--------------------------------|

III. Regarding the relationship between myself and my child, I feel we get along

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|---------------------------|-------------------------------|-----------------------|--------------------------------|---------------------------------|
| 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 |
|---------------------------|-------------------------------|-----------------------|--------------------------------|---------------------------------|

IV. Regarding my confidence in my ability to discipline my child, I feel

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|------------------------|----------------------------|-------------|----------------------------|------------------------|
| 1. much less confident | 2. somewhat less confident | 3. the same | 4. somewhat more confident | 5. much more confident |
|------------------------|----------------------------|-------------|----------------------------|------------------------|

V. The major behavior problems that my child presented at home before the program started are at this time

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|-----------------------|-------------------|-------------|----------------------|---------------------|
| 1. considerably worse | 2. somewhat worse | 3. the same | 4. somewhat improved | 5. greatly improved |
|-----------------------|-------------------|-------------|----------------------|---------------------|

VI. I feel that my child's compliance to my commands or requests is at this time

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|-----------------------|-------------------|-------------|----------------------|---------------------|
| 1. considerably worse | 2. somewhat worse | 3. the same | 4. somewhat improved | 5. greatly improved |
|-----------------------|-------------------|-------------|----------------------|---------------------|

VII. Regarding the progress my child has made in his/her general behavior, I am

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|----------------------|--------------------------|------------|-----------------------|-------------------|
| 1. very dissatisfied | 2. somewhat dissatisfied | 3. neutral | 4. somewhat satisfied | 5. very satisfied |
|----------------------|--------------------------|------------|-----------------------|-------------------|

VIII. To what degree has the treatment program helped with other general personal or family problems not directly related to your child in the program?

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|-----------------------------------|----------------------|--------------------------------|--------------------|---------------------|
| 1. hindered much more than helped | 2. hindered slightly | 3. neither hindered nor helped | 4. helped somewhat | 5. helped very much |
|-----------------------------------|----------------------|--------------------------------|--------------------|---------------------|

IX. I feel the type of program that was used to help me improve the behaviors of my child was

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|--------------|---------|-------------|---------|--------------|
| 1. very poor | 2. poor | 3. adequate | 4. good | 5. very good |
|--------------|---------|-------------|---------|--------------|

X. My general feeling about the program I participated in, is

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|----------------------------|---------------------------|-------------------|------------------------|-------------------------|
| 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 |
|----------------------------|---------------------------|-------------------|------------------------|-------------------------|