

Commencing the Program Questionnaire

1 Briefly describe how you understand your child's difficulties:

2 How do you perceive your child is managing?

- Their emotions (moods, reactions)

(Circle from 1 = Low to 5 = Very High) 1 2 3 4 5

- Their life responsibilities (school, chores, self-care)

(Circle from 1 = Low to 5 = Very High) 1 2 3 4 5

- Engagement with life activities (social, interests, education)

(Circle from 1 = Low to 5 = Very High) 1 2 3 4 5

3 Rate your level of distress and disruption currently experienced with your child's difficulties

(Circle from 1 = Low to 5 = Very High) 1 2 3 4 5

4 How would you rate your level of frustration as a parent in relation to your struggling child/ adolescent?

(Circle from 1 = Low to 5 = Very High) 1 2 3 4 5

5 How would you rate your level of guilt as a parent in relation to your struggling child/ adolescent?

(Circle from 1 = Low to 5 = Very High) 1 2 3 4 5

6 How would you rate your level of helplessness as a parent in relation to your struggling child/ adolescent?

(Circle from 1 = Low to 5 = Very High) 1 2 3 4 5

7 How would you rate your level of hope as a parent in relation to your struggling child/ adolescent?

(Circle from 1 = Low to 5 = Very High) 1 2 3 4 5

8 How would you rate the degree to which your hope is based on:

- The current external treatment your child is receiving?

(Circle from 1 = Low to 5 = Very High) 1 2 3 4 5

- Your current capacity to make changes to your parenting as a contribution to your child's improving their well-being?

(Circle from 1 = Low to 5 = Very High) 1 2 3 4 5

9 How do you perceive you are currently managing ?

- Your emotions (moods, reactions)

(Circle from 1 = Low to 5 = Very High) 1 2 3 4 5

- Your life responsibilities (life tasks, self-care)

(Circle from 1 = Low to 5 = Very High) 1 2 3 4 5

- Engagement with life activities (important relationships, interests)

(Circle from 1 = Low to 5 = Very High) 1 2 3 4 5

10 What are you most hoping to get from this program?

11 What are you hoping will be different about this program (compared to other help you have received)?

End of Session 6 Questionnaire

1 Briefly describe how you understand your child’s difficulties:

2 How do you perceive your child is managing?

- Their emotions (moods, reactions)

(Circle from 1 = Low to 5 = Very High) 1 2 3 4 5

- Their life responsibilities (school, chores, self-care)

(Circle from 1 = Low to 5 = Very High) 1 2 3 4 5

- Engagement with life activities (social, interests, education)

(Circle from 1 = Low to 5 = Very High) 1 2 3 4 5

3 Rate your level of distress and disruption currently experienced with your child’s difficulties

(Circle from 1 = Low to 5 = Very High) 1 2 3 4 5

4 How would you rate your level of frustration as a parent in relation to your struggling child/ adolescent?

(Circle from 1 = Low to 5 = Very High) 1 2 3 4 5

5 How would you rate your level of guilt as a parent in relation to your struggling child/ adolescent?

(Circle from 1 = Low to 5 = Very High) 1 2 3 4 5

6 How would you rate your level of helplessness as a parent in relation to your struggling child/ adolescent?

(Circle from 1 = Low to 5 = Very High) 1 2 3 4 5

7 How would you rate your level of hope as a parent in relation to your struggling child/ adolescent?

The current treatment your child is receiving?

(Circle from 1 = Low to 5 = Very High) 1 2 3 4 5

8 How would you rate the degree to which your hope is based on:

- The current external treatment your child is receiving?

(Circle from 1 = Low to 5 = Very High) 1 2 3 4 5

- Your current capacity to make changes to your parenting as a contribution to your child's improving their well-being?

(Circle from 1 = Low to 5 = Very High) 1 2 3 4 5

9 How do you perceive you are currently managing ?

- Your emotions (moods, reactions)

(Circle from 1 = Low to 5 = Very High) 1 2 3 4 5

- Your life responsibilities (life tasks, self-care)

(Circle from 1 = Low to 5 = Very High) 1 2 3 4 5

- Engagement with life activities (important relationships, interests)

(Circle from 1 = Low to 5 = Very High) 1 2 3 4 5

10 What has been most useful for you as a result of this program?

11 What has been less useful for you in this program?

12 In what ways has this program been different to other experiences with your child's treatment?

13 If you were to do a follow-up program what would you want to focus on most?

14 Any additional comments?