

Pre-training Needs and Attitudes (WEVAL)

The following information is requested by our funding source for demography purposes only:

Are you: Male Female

Your Birth Year: |__|__|__|__|

Are you Hispanic or Latino? No Yes

Are you: [MARK ONE]

American Indian/Alaska Native

White

Asian

More than one race

Native Hawaiian or Other Pacific Islander

Other (specify): _____

Black or African American

Your Discipline/Profession? [CHECK ONE THAT MOST GENERALLY DESCRIBES YOUR DUTIES]

Training Director/Coordinator/Evaluator

Program Director/Assistant Director/Manager

Clinical Supervisor/Manager

Counselor/Case Worker

Probation/Parole Officer

Other (specify) _____

We will be using the anonymous linkage code below to match data from different evaluation forms without needing your name or other identifying information.

Please complete the following items for your anonymous code:

First letter in mother's first name: |__|

First letter in father's first name: |__|

First digit in your social security number: |__|

Last digit in your social security number: |__|

Example: My mother's first name is Dorothy and my father's first name is Ken. My social security number is 123-45-6789. My unique identification code would be: DK19.

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PLEASE FILL IN THE CIRCLE THAT SHOWS YOUR ANSWER TO EACH ITEM

<i>Disagree</i>					<i>Agree</i>
<i>Strongly</i>	<i>Disagree</i>	<i>Undecided</i>	<i>Agree</i>		<i>Strongly</i>
(1)	(2)	(3)	(4)		(5)

PART A

Clinical staff at your program needs guidance in –

- 1. assessing client needs.
- 2. using client assessments to guide clinical care and program decisions.
- 3. using client assessments to document client improvements.
- 4. matching client needs with services.
- 5. increasing program participation by clients.
- 6. improving rapport with clients.
- 7. improving client thinking and problem solving skills.
- 8. improving behavioral management of clients. ...
- 9. improving cognitive focus of clients during group counseling.
- 10. identifying and using evidence-based practices.

Your organization needs guidance in –

- 11. defining its mission.
- 12. setting specific goals for improving services.
- 13. assigning or clarifying staff roles.
- 14. establishing accurate job descriptions for staff.
- 15. evaluating staff performance.
- 16. improving relations among staff.
- 17. improving communications among staff.
- 18. improving record keeping and information systems.
- 19. improving billing/financial/accounting procedures.

<i>Disagree</i>					<i>Agree</i>
<i>Strongly</i>	<i>Disagree</i>	<i>Undecided</i>	<i>Agree</i>	<i>Strongly</i>	
(1)	(2)	(3)	(4)	(5)	

You need more training for –

- 20. basic computer skills/programs.
- 21. specialized computer applications (e.g., data systems).
- 22. new methods/developments in your area of responsibility.
- 23. new equipment or procedures being used or planned.
- 24. maintaining/obtaining certification or other credentials.
- 25. new laws or regulations you need to know about.
- 26. management or supervisory responsibilities.

Current pressures to make changes in your program come from –

- 27. the people being served.
- 28. other staff members.
- 29. program supervisors or managers.
- 30. board members or overseers.
- 31. community groups.
- 32. funding agencies.
- 33. accreditation or licensing authorities.

PART B

- 1. Some staff members seem confused about the main goals for your program.
- 2. The heavy staff workload reduces the effectiveness of your program.
- 3. You frequently hear good ideas from other staff for improving treatment.

<i>Disagree</i>					<i>Agree</i>
<i>Strongly</i>	<i>Disagree</i>	<i>Undecided</i>	<i>Agree</i>	<i>Strongly</i>	
(1)	(2)	(3)	(4)	(5)	

- 4. Treatment planning decisions for clients in your program often get revised by a counselor supervisor. (1) (2) (3) (4) (5)
- 5. The general attitude in your program is to accept new and changing technology. (1) (2) (3) (4) (5)
- 6. More open discussions about program issues are needed where you work. (1) (2) (3) (4) (5)
- 7. Ideas and suggestions in your program get fair consideration by management. (1) (2) (3) (4) (5)
- 8. Staff members at your program work together as a team. (1) (2) (3) (4) (5)
- 9. Your duties are clearly related to the goals for your program. (1) (2) (3) (4) (5)
- 10. You are under too many pressures to do your job effectively. (1) (2) (3) (4) (5)
- 11. Counselors in your program are given broad authority in treating their clients. (1) (2) (3) (4) (5)
- 12. Your program staff is always kept well informed. (1) (2) (3) (4) (5)
- 13. Novel treatment ideas by staff are discouraged where you work. (1) (2) (3) (4) (5)
- 14. Mutual trust and cooperation among staff in your program are strong. (1) (2) (3) (4) (5)
- 15. Your program operates with clear goals and objectives. (1) (2) (3) (4) (5)
- 16. Staff members at your program often show signs of high stress and strain. (1) (2) (3) (4) (5)
- 17. It is easy to change procedures at your program to meet new conditions. (1) (2) (3) (4) (5)

<i>Disagree</i>					<i>Agree</i>
<i>Strongly</i>	<i>Disagree</i>	<i>Undecided</i>	<i>Agree</i>	<i>Strongly</i>	
(1)	(2)	(3)	(4)	(5)	

- 18. Counselors in your program can try out different techniques to improve their effectiveness.
- 19. Staff members at your program get along very well.
- 20. Staff members are given too many rules in your program.
- 21. Staff members at your program are quick to help one another when needed.
- 22. The formal and informal communication channels in your program work very well.
- 23. There is too much friction among staff members you work with.
- 24. Staff members at your program understand how program goals fit as part of the treatment system in your community.
- 25. Some staff in your program do not do their fair share of work.
- 26. Management fully trusts professional judgments of staff in your program.
- 27. Staff members always feel free to ask questions and express concerns in your program.
- 28. Staff frustration is common where you work.
- 29. Management for your program has a clear plan for its future.
- 30. You feel encouraged to try new and different techniques.