

Family/Professional Collaboration Scale

Families who have children with emotional disorders often use services from many professionals. At this point we are interested in your experiences in working with these people.

Think of the professionals (such as social workers, psychologists, psychiatrists, or teachers) who have provided services to your child. Of these, think of the person with whom you have had the most contact over the last 6 months. If you have only worked with one professional, think of that person. Then, please answer the following questions.

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|--|---|
| <p>1. What is the title of this person? (<i>Check one.</i>)</p> <p> <input type="checkbox"/> Social Worker₁ <input type="checkbox"/> Teacher₆
 <input type="checkbox"/> Psychiatrist₂ <input type="checkbox"/> Physician₇
 <input type="checkbox"/> Psychologist₃ <input type="checkbox"/> Lawyer₈
 <input type="checkbox"/> Nurse₄ <input type="checkbox"/> Case Manager₉
 <input type="checkbox"/> Other₅ : _____ </p> <p style="text-align: right;">17</p> | <p>4. In general, how often have you had contact with this person over the past six months? (<i>Check one.</i>)</p> <p> <input type="checkbox"/> More than once a week₁
 <input type="checkbox"/> Once a week₂
 <input type="checkbox"/> A few times a month₃
 <input type="checkbox"/> About once a month₄
 <input type="checkbox"/> Less than once a month₅ </p> <p style="text-align: right;">20</p> |
| <p>2. What sex is this person? (<i>Check one.</i>)</p> <p> <input type="checkbox"/> Female₁ <input type="checkbox"/> Male₂ </p> <p style="text-align: right;">18</p> | <p>5. What service has this person given to your child? (<i>Check all that apply.</i>)</p> <p> <input type="checkbox"/> Arranging payments for services 21
 <input type="checkbox"/> Assessment or testing 22
 <input type="checkbox"/> Case management 23
 <input type="checkbox"/> Educational services 24
 <input type="checkbox"/> Family therapy (counseling) 25
 <input type="checkbox"/> Group therapy (counseling) 26
 <input type="checkbox"/> Individual therapy (counseling) 27
 <input type="checkbox"/> Information and referral 28
 <input type="checkbox"/> Medication 29
 <input type="checkbox"/> Recreation 30
 <input type="checkbox"/> Vocational 31
 <input type="checkbox"/> Other (please specify) _____ 32 </p> |
| <p>3. What is this person's race? (<i>Check one.</i>)</p> <p> <input type="checkbox"/> African American₁
 <input type="checkbox"/> Asian American or Pacific Islander₂
 <input type="checkbox"/> Hispanic or Latino American₃
 <input type="checkbox"/> Native American₄
 <input type="checkbox"/> White₅
 <input type="checkbox"/> Other₆ : _____ </p> <p style="text-align: right;">19</p> | |

Considering your experiences with this person over the past six months, how much has he or she...

	Not at all	A little	Somewhat	Very much	
6. ... taken your concerns seriously?	1	2	3	4	33
7. ... made changes in services based on your feedback?	1	2	3	4	34
8. ... explained the process of information gathering to you?	1	2	3	4	35
9. ... considered you a "partner" in making decisions about your child?	1	2	3	4	36
10. ... helped you deal with problems that made it difficult for your child to get services?	1	2	3	4	37
11. ... given you information about your child's disability?	1	2	3	4	38
12. ... understood the problems you and your family have had?	1	2	3	4	39

	Not at all	A little	Somewhat	Very much	
13. ... been supportive?	1	2	3	4	40
14. ... given you as much involvement as you wanted in decisions about your child?	1	2	3	4	41
15. ... seemed flexible and willing to change services if needed?	1	2	3	4	42
16. ... told you why certain information was needed?	1	2	3	4	43
17. ... helped you deal with paperwork, contacts with agencies, money concerns, or other hassles in getting services for your child?	1	2	3	4	44
18. ... encouraged you to suggest ways to improve services for your child?	1	2	3	4	45
19. ... given you information on what services might be possible?	1	2	3	4	46
20. ... let you know your ideas and views are important?	1	2	3	4	47
21. ... worked <u>together</u> with you on behalf of your child?	1	2	3	4	48
22. ... explained how you can participate in decisions about your child's services?	1	2	3	4	49
23. ... asked for your opinions about how well services are meeting your child's needs?	1	2	3	4	50
24. ... worked with you to make sure your child got the services he or she needed?	1	2	3	4	51
25. ... helped you solve practical problems in getting your child services, e.g. transportation, cost, time-conflicts?	1	2	3	4	52

In addition to this person, please list other professionals (either by initials or title) with whom you have worked on behalf of your child over the last six months. These should be professionals with whom you have had a number of contacts. List as many as five professionals.

For each of these professionals, to what degree did they consider you a "partner" in making decisions about your child?

Professional's initials or title	Not at all	A little	Somewhat	Very much	
_____	1	2	3	4	53
_____	1	2	3	4	54
_____	1	2	3	4	55
_____	1	2	3	4	56
_____	1	2	3	4	57