Appendix B:

Demographic Information

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Please answer all of the following questions.

1. What is your gender?

Male

Female

1. How old are you?
2. Please select the race/ethnicity group that you identify with.

American Indian/Alaskan Native

Asian

Black or African American

Caucasian

Native Hawaiian or Other Pacific Islander

Hispanic/Latino

Other: \_\_\_\_\_\_\_\_\_\_\_\_

I prefer not to answer this question

1. Please Indicate the highest degree that you have earned

Bachelor’s Degree in \_\_\_\_\_\_\_\_\_\_\_\_\_

Master’s Degree (30+ credits) in \_\_\_\_\_\_\_\_\_\_\_\_

Specialist Degree (60+ credits) in \_\_\_\_\_\_\_\_\_\_\_\_\_

Doctoral Degree (Ph.D) in \_\_\_\_\_\_\_\_\_\_\_\_\_

Doctoral Degree (Psy.D) in \_\_\_\_\_\_\_\_\_\_\_\_\_

Doctoral Degree (Ed.D) in \_\_\_\_\_\_\_\_\_\_\_\_\_

Other: \_\_\_\_\_\_\_\_\_\_\_

1. How many years ago did you graduate from your graduate/training program?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Still training

Less than one year

1. If still training, how many credits have you completed thus far?
2. What is your current primary job title?

Graduate Student

Intern

Professor

Psychologist

School Psychologist

Teacher

Social Worker

Mental Health Counselor

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please select your PRIMARY employment setting:

Clinic

Public School

Private School

Hospital

Private Practice

University/College

University/College Center for Psychological Services

In-patient treatment center

Out-patient treatment center

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. In what state do you PRIMARILY work in?
2. Please select the PRIMARY age/grade level with which you work:

Early Intervention (0-2)

Preschool (3-5)

Primary Grades (K-2nd grade)

Elementary Grades (K – 5th grade)

Middle Grades (6th – 8th grade)

High School (9th – 12th grade)

College (18 – 22 years old)

Adults

Geriatrics

Other: \_\_\_\_\_\_\_\_\_\_

1. Please indicate what your primary theoretical orientation is to conducing therapy.

Behavioral

Cognitive

Cognitive-Behavioral

Dialectical Behavior Therapy

Eclectic

Family-Systems

Gestalt Therapy

Humanistic

Psychoanalytic

Psychodynamic

Other:

1. Please indicate the degree to which your clinical work involves direct therapeutic work with the following types of presenting problems/disorders:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Never | Rarely | Sometimes | Often |
| Attention-Deficit Hyperactive Disorder |  |  |  |  |
| Anxiety Disorders |  |  |  |  |
| Anorexia/Bulimia |  |  |  |  |
| Autism Spectrum Disorders |  |  |  |  |
| Body Image |  |  |  |  |
| Conduct Disorders |  |  |  |  |
| Gender Dysphoria |  |  |  |  |
| Learning Disability |  |  |  |  |
| Obsessive-Compulsive Disorders |  |  |  |  |
| Oppositional Defiant Disorders |  |  |  |  |
| School Refusal Behaviors |  |  |  |  |
| Self-injurious Behaviors |  |  |  |  |
| Sleep Problems |  |  |  |  |
| Substance Use/Abuse |  |  |  |  |
| Traumatic Brain Injury |  |  |  |  |
| Other: |  |  |  |  |
| Other: |  |  |  |  |
| Other: |  |  |  |  |