

## Appendix B

### Focus Group Rating Scales: Caregivers

*These questions refer specifically to your child with ASD/autism. If more than one, choose the child with ASD/autism that is the youngest.*

1. How old is your child with ASD/autism?  
\_\_\_\_\_ years, \_\_\_\_\_ months
2. What is your child's gender?  
 Male  
 Female  
 Another
3. What is your child's current ASD/autism diagnosis?  
 Autism Spectrum Disorder  
 Autistic Disorder  
 Asperger's Disorder  
 Pervasive Developmental Disorder – Not Otherwise Specified (PDD-NOS)  
 Other (please specify \_\_\_\_\_)
4. How old was your child when he/she got this ASD/autism diagnosis?  
\_\_\_\_\_ years, \_\_\_\_\_ months
5. What type of professional diagnosed your child with ASD/autism?  
 Developmental Pediatrician  
 Psychologist  
 Neurologist  
 Primary Care Physician  
 Psychiatrist  
 Other (please specify \_\_\_\_\_)
6. What did that professional do after diagnosing your child? Check all that apply.  
 Provided no additional information  
 Gave you information about available resources  
 Gave you literature on Autism  
 Spent time talking with you about Autism  
 Referred you to an Autism specialist  
 Referred you to a support group  
 Advised on educational programs  
 Advised on medical problems  
 Other (please specify \_\_\_\_\_)

***Service Availability and Accessibility***

7. What makes it hard for your family to access ASD services?
- Few providers available in general
  - Few providers with ASD knowledge or training available
  - Travel/Transportation issues
  - Geographic location or isolation
  - Affordability
  - Disability
  - Lack of childcare
  - Other? (please specify) \_\_\_\_\_

Circle the number that best reflects your opinion, using the following scale:

**Very Low      Low      Moderate      High      Very High**  
**1              2              3              4              5**

8. How important is it to target these following symptoms in your child with ASD/autism?

Communication (understanding or expressing verbal language; using another communication device)	1	2	3	4	5
Social Skills (learning to make and keep friends, conversations, dealing with conflict, etc)	1	2	3	4	5
Social Engagement (reciprocity, eye contact, sharing enjoyment, etc.)	1	2	3	4	5
Challenging Behavior (aggression, tantrums, repetitive behaviors)	1	2	3	4	5
Other (please specify)	1	2	3	4	5

9. Which of these ASD/autism services have you or your child **used** before? (Check all that apply)

- Behavioral treatment (such as Applied Behavior Analysis, Pivotal Response Training, Discrete Trial Training, or Positive Behavior Supports)
- Social skills training
- Speech/language therapy
- Early intervention
- Music, Dance, Art, or Drama Therapy
- Sensory integration therapy
- Occupational therapy
- Physical therapy
- Vocational training
- Animal therapy
- Dietary interventions (such as Casein-free/Gluten free diets, Fatty acids, Feingold diet, Alkaline shots, Magnesium, Vitamin supplements)
- Respite care
- Family support services
- Parent training/coaching
- Parent lectures/workshops
- Medications (such as SSRIs, stimulants, antipsychotics, etc.)
- Diagnostic services
- Web-based resource network
- Special needs camps
- Other (please specify) \_\_\_\_\_

10. How **available** are these services in your county, whether you have used them or not? Use the following scale:

- |  |              |     |          |      |              |
|--|--------------|-----|----------|------|--------------|
|  | Very Low     | Low | Moderate | High | Very High    |
|  | Availability |     |          |      | Availability |
|  | 1            | 2   | 3        | 4    | 5            |
- Behavioral treatment (such as Applied Behavior Analysis, Pivotal Response Training, Discrete Trial Training, or Positive Behavior Supports)
  - Social skills training
  - Speech/language therapy
  - Early intervention
  - Music, Dance, Art, or Drama Therapy
  - Sensory integration therapy
  - Occupational therapy
  - Physical therapy
  - Vocational training
  - Animal therapy
  - Dietary interventions (such as Casein-free/Gluten free diets, Fatty acids, Feingold diet, Alkaline shots, Magnesium, Vitamin supplements)
  - Respite care
  - Family support services
  - Parent training/coaching
  - Parent lectures/workshops
  - Medications (such as SSRIs, stimulants, antipsychotics, etc.)
  - Diagnostic services
  - Web-based resource network
  - Special needs camps
  - Other (please specify) \_\_\_\_\_

11. How **important** is it for these services to be offered in your county, whether you have used them or not? Use the following scale:

- |  |            |     |          |      |            |
|--|------------|-----|----------|------|------------|
|  | Very Low   | Low | Moderate | High | Very High  |
|  | Importance |     |          |      | Importance |
|  | 1          | 2   | 3        | 4    | 5          |
- Behavioral treatment (such as Applied Behavior Analysis, Pivotal Response Training, Discrete Trial Training, or Positive Behavior Supports)
  - Social skills training
  - Speech/language therapy
  - Early intervention
  - Music, Dance, Art, or Drama Therapy
  - Sensory integration therapy
  - Occupational therapy
  - Physical therapy
  - Vocational training
  - Animal therapy
  - Dietary interventions (such as Casein-free/Gluten free diets, Fatty acids, Feingold diet, Alkaline shots, Magnesium, Vitamin supplements)
  - Respite care
  - Family support services

- Parent training/coaching
- Parent lectures/workshops
- Medications (such as SSRIs, stimulants, antipsychotics, etc.)
- Diagnostic services
- Web-based resource network
- Special needs camps
- Professional/provider trainings
- Educator trainings
- Other (please specify) \_\_\_\_\_

12. If Virginia Tech offered parent training in your community, would any of these things prevent you from participating? Use the following scale.

Very Little	Little	Moderate	A lot	Very Much
1	2	3	4	5

- Your attitude towards seeking help?
- Your sense of being criticized or judged as a parent?
- Concern about your privacy?
- Your attitudes towards mental health or autism?
- Family issues?
- Lack of childcare?
- Service provided by “outsiders” who do not understand your community?
- Your religion or specific values and beliefs about parenting?
- Your health concerns or issues?
- Your location and ability to get to the training?
- Other? (please specify) \_\_\_\_\_

### **Focus Group Rating Scales: Providers**

#### ***Service Availability and Accessibility***

1. What makes it hard for your clients to access ASD services?

- Few providers available in general
- Few providers with ASD knowledge or training available
- Lack of resources for providers
- Difficulty with transition from early intervention to educational system
- Travel/Transportation issues
- Geographic location or isolation
- Affordability
- Disability
- Lack of childcare
- Other? (please specify) \_\_\_\_\_

2. What makes it hard for you to offer or provide ASD services?

- Lack of autism specific knowledge?
- Travel/transportation issues?
- Geographic location?
- Lack of appropriate training?
- Lack of support from supervisor/leadership?
- Lack of resources (supplies, manuals, training materials)

\_\_\_ Implementation cost?  
 \_\_\_ Other? (please specify) \_\_\_\_\_

Circle the number that best reflects your opinion, using the following scale:

**Very Low      Low      Moderate      High      Very High**  
**1              2              3              4              5**

3. How important is it to target these following symptoms in your child clients with ASD/autism?

Communication (understanding or expressing verbal language; using another communication device)	1	2	3	4	5
Social Skills (learning to make and keep friends, conversations, dealing with conflict, etc)	1	2	3	4	5
Social Engagement (reciprocity, eye contact, sharing enjoyment, etc.)	1	2	3	4	5
Challenging Behavior (aggression, tantrums, repetitive behaviors)	1	2	3	4	5
Other (please specify)	1	2	3	4	5

7. Which of these ASD/autism services have you **offered or provided** before? (Check all that apply)

- \_\_\_ Behavioral treatment (such as Applied Behavior Analysis, Pivotal Response Training, Discrete Trial Training, or Positive Behavior Supports)
- \_\_\_ Social skills training
- \_\_\_ Speech/language therapy
- \_\_\_ Early intervention
- \_\_\_ Music, Dance, Art, or Drama Therapy
- \_\_\_ Sensory integration therapy
- \_\_\_ Occupational therapy
- \_\_\_ Physical therapy
- \_\_\_ Vocational training
- \_\_\_ Animal therapy
- \_\_\_ Dietary interventions (such as Casein-free/Gluten free diets, Fatty acids, Feingold diet, Alkaline shots, Magnesium, Vitamin supplements)
- \_\_\_ Respite care
- \_\_\_ Family support services
- \_\_\_ Parent training/coaching
- \_\_\_ Parent lectures/workshops
- \_\_\_ Medications (such as SSRIs, stimulants, antipsychotics, etc.)
- \_\_\_ Diagnostic services
- \_\_\_ Web-based resource network
- \_\_\_ Special needs camps
- \_\_\_ Professional/provider trainings
- \_\_\_ Educator trainings
- \_\_\_ Other (please specify) \_\_\_\_\_

8. How **available** are these services in your county, whether you have offered them or not? Use the following scale:

Very Low      Low      Moderate      High      Very High  
 Availability      Availability  
 1              2              3              4              5

- Behavioral treatment (such as Applied Behavior Analysis, Pivotal Response Training, Discrete Trial Training, or Positive Behavior Supports)
- Social skills training
- Speech/language therapy
- Early intervention
- Music, Dance, Art, or Drama Therapy
- Sensory integration therapy
- Occupational therapy
- Physical therapy
- Vocational training
- Animal therapy
- Dietary interventions (such as Casein-free/Gluten free diets, Fatty acids, Feingold diet, Alkaline shots, Magnesium, Vitamin supplements)
- Respite care
- Family support services
- Parent training/coaching
- Parent lectures/workshops
- Medications (such as SSRIs, stimulants, antipsychotics, etc.)
- Diagnostic services
- Web-based resource network
- Special needs camps
- Professional/provider trainings
- Educator trainings
- Other (please specify) \_\_\_\_\_

9. How **important** is it for these services to be offered in your county, whether you have offered them or not? Use the following scale:

Very Low	Low	Moderate	High	Very High
Importance				Importance
1	2	3	4	5

- Behavioral treatment (such as Applied Behavior Analysis, Pivotal Response Training, Discrete Trial Training, or Positive Behavior Supports)
- Social skills training
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- Respite care
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- Medications (such as SSRIs, stimulants, antipsychotics, etc.)
- Diagnostic services

- Web-based resource network
- Special needs camps
- Professional/provider trainings
- Educator trainings
- Other (please specify) \_\_\_\_\_

10. If Virginia Tech offered parent training in your community, would any of these things prevent your clients from participating? Use the following scale.

Very Little	Little	Moderate	A lot	Very Much
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- Attitude towards seeking help?
- Sense of being criticized or judged as a parent?
- Concern about their privacy?
- Attitudes towards mental health or autism?
- Family issues?
- Lack of childcare?
- Service provided by “outsiders” who do not understand the community?
- Religion or specific values and beliefs about parenting?
- Health concerns or issues?
- Location and ability to get to the training?
- Other? (please specify) \_\_\_\_\_