

Pathways Staff Survey on CBT

1. Please indicate how often you use CBT techniques or elements in your clinical work.

- Very Often
- Often
- Sometimes
- Rarely
- Never

2. Please indicate how often you use CBT as the primary approach to your work with each of the following:

	Very Often	Often	Sometimes	Rarely	Never
a. Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Which of the following mental health issues do you typically use CBT practices for? Please check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> Addictions | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Anger Management | <input type="checkbox"/> Eating Disorders |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Obsessive Compulsive Disorder |
| <input type="checkbox"/> Behaviour | <input type="checkbox"/> Trauma |
| <input type="checkbox"/> Bi-polar | |
| <input type="checkbox"/> Other (please specify) | |
-

4. Please rate you level of knowledge in using CBT as part of your clinical work.

- Very Knowledgeable
- Knowledgeable
- Somewhat Knowledgeable
- Not Knowledgeable
- Not at all Knowledgeable

5. Please rate your level of confidence in using CBT as part of your clinical work.

- Very Confident
- Confident
- Somewhat Confident
- Not Confident
- Not at all Confident

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6. What CBT resources do you presently use in your clinical practice?

7. Which CBT resources do you find most helpful?

8. What are the reasons you may not be using CBT more often in your clinical work?

9. What barriers do you for see that might make it difficult for you to implement CBT as one of your primary treatment approaches?

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10. Other than the CBT training provided by Pathways, please outline any other training you have received in CBT.

11. Which of the trainings listed above would you recommend?

12. Please add any other comments, suggestions or information you would like to share in the space below.

13. Which Pathways service do you work in?

- Community Site
- Intake
- Intensive Child & Family/Early Years
- Nexus
- Autism Intervention Program
- ABA Program



PATHWAYS
FOR CHILDREN & YOUTH
POUR LES ENFANTS ET LES JEUNES

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School Support Program

12. Person Completing this Survey (optional):
