

Therapist ID: _____

Today's Date: _____

Client ID: _____

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Caregiver Version

We would like to learn about the counseling services you received. Please think about your time in counseling and answer the following questions to the best of your ability.

Please place a check in the **YES (1)** column or **NO (0)** column for your response. When we ask you to answer questions about the traumatic event, we mean the _____ your child experienced and came to counseling for.

Therapist to enter traumatic event here

During your counseling sessions, did your child's therapist:	YES (1)	NO (0)
1. Establish an agenda and structure for each therapy session.	<input type="checkbox"/>	<input type="checkbox"/>
2. Explain the rationale and benefits of the intervention and described the treatment approach.	<input type="checkbox"/>	<input type="checkbox"/>
3. Provide specific information about the type(s) of traumatic event(s) my child has experienced and common reactions to such events.	<input type="checkbox"/>	<input type="checkbox"/>
4. Let my child choose whether or not they talked about the traumatic event(s).	<input type="checkbox"/>	<input type="checkbox"/>
5. Taught my child how to identify and correctly label emotions.	<input type="checkbox"/>	<input type="checkbox"/>
6. Help my child understand the connection between thoughts, feelings, and behaviors.	<input type="checkbox"/>	<input type="checkbox"/>
7. Help my child identify and correct unhelpful and troubling thoughts.	<input type="checkbox"/>	<input type="checkbox"/>
8. Help my child to use effective ways to express negative feelings (e.g., mad, frustrated or sad feelings).	<input type="checkbox"/>	<input type="checkbox"/>
9. Help my child do an activity, such as write a book, draw a set of pictures, or write poems or songs that describe the traumatic event(s) and my child's reactions.	<input type="checkbox"/>	<input type="checkbox"/>
10. Directly discuss or drew about the specific details of the traumatic event(s) with my child.	<input type="checkbox"/>	<input type="checkbox"/>
11. Regularly assign homework or activities to complete before the next session.	<input type="checkbox"/>	<input type="checkbox"/>
12. Encourage my child to describe thoughts, feelings, or sensations experienced during the traumatic event(s) or related experiences.	<input type="checkbox"/>	<input type="checkbox"/>
13. Taught me strategies to enhance my relationship with my child, such as active listening, play skills, and ways to praise my child and help them follow the rules.	<input type="checkbox"/>	<input type="checkbox"/>
14. Allowed my child or me to lead or direct most of the sessions.	<input type="checkbox"/>	<input type="checkbox"/>
15. Had my child and I talk about the traumatic event(s) in a joint session.	<input type="checkbox"/>	<input type="checkbox"/>
16. Helped me to prepare for the joint session (e.g., talked about structure of session, ways to respond, how to express my thoughts and feelings, how to show support to my child.	<input type="checkbox"/>	<input type="checkbox"/>
17. Dealt with crisis or events that happened to my child or me in the past week(s) for most of the sessions.	<input type="checkbox"/>	<input type="checkbox"/>

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Caregiver Version

Please continue from the previous page...

During your counseling sessions, did your therapist:	YES (1)	NO (0)
18. Taught my child how to relax (e.g., deep breathing, tightening & relaxing their muscles to feel less tense).	<input type="checkbox"/>	<input type="checkbox"/>
19. Taught my child to think of (or imagine) something positive, like a pleasant place, person, or situation, when they are feeling scared or upset.	<input type="checkbox"/>	<input type="checkbox"/>
20. Taught me how to use effective discipline strategies, such as proper use of time out, work chores, privilege losses, and active ignoring.	<input type="checkbox"/>	<input type="checkbox"/>
21. Had me and my child practice using coping skills to deal with trauma reminders or trauma-related stress.	<input type="checkbox"/>	<input type="checkbox"/>
22. Spend most sessions playing fun activities (e.g., board game, video game) without talking about the traumatic event(s).	<input type="checkbox"/>	<input type="checkbox"/>
23. Saw only my child in most sessions.	<input type="checkbox"/>	<input type="checkbox"/>
24. Talk about ways my child can keep myself safe in the future (in my family, school, and/or community).	<input type="checkbox"/>	<input type="checkbox"/>
25. Often stop talking about the traumatic event(s) because my child became distressed or upset.	<input type="checkbox"/>	<input type="checkbox"/>
26. Encourage my child to engage in a cathartic exercise to vent their feelings about the trauma or the offender (e.g., tearing up paper, destroying an object).	<input type="checkbox"/>	<input type="checkbox"/>
27. Teach my child about things they could say to help feel better if/when they feel unhappy, scared, sad, or mad.	<input type="checkbox"/>	<input type="checkbox"/>
28. Talked to my child about any negative feelings they have about the traumatic event(s) (e.g., guilt, shame).	<input type="checkbox"/>	<input type="checkbox"/>
29. Talk about your child telling other people (like parents, teachers, or counselors) if anyone hurts them in any way or if they see someone hurting someone else.	<input type="checkbox"/>	<input type="checkbox"/>