

Therapist ID: _____

Today's Date: _____

Client ID: _____

TF-CBT Client Services – Page 1

Child/Adolescent 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 _____ you experienced and came to counseling for.

Therapist to enter traumatic event here

During your counseling sessions, did your therapist:	YES (1)	NO (0)
1. Set an agenda for each therapy session (i.e., they let me know what we were doing that day).	<input type="checkbox"/>	<input type="checkbox"/>
2. Explain the reason for counseling and why it might be helpful.	<input type="checkbox"/>	<input type="checkbox"/>
3. Give me information about the type(s) of traumatic event(s) I have experience and how many children feel and react to such events.	<input type="checkbox"/>	<input type="checkbox"/>
4. Let me choose whether or not I talked about the traumatic event(s).	<input type="checkbox"/>	<input type="checkbox"/>
5. Taught me how to identify and name different feelings I was experiencing.	<input type="checkbox"/>	<input type="checkbox"/>
6. Help me understand how thoughts, feelings, and behaviors are connected.	<input type="checkbox"/>	<input type="checkbox"/>
7. Help me to identify and change thoughts that were bothering me.	<input type="checkbox"/>	<input type="checkbox"/>
8. Help me learn safe ways to express my negative feelings (mad, frustrated, or sad feelings).	<input type="checkbox"/>	<input type="checkbox"/>
9. Help me 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 how I feel or thought about it.	<input type="checkbox"/>	<input type="checkbox"/>
10. Directly discuss the specific details of the traumatic event(s) with me.	<input type="checkbox"/>	<input type="checkbox"/>
11. Regularly assign homework or activities to complete at home before the next session.	<input type="checkbox"/>	<input type="checkbox"/>
12. Encourage me to describe thoughts, feelings, or sensations experienced during the traumatic event(s) or related experiences.	<input type="checkbox"/>	<input type="checkbox"/>
13. Taught my mom/dad or other person who takes care of me ways to get along with me, play, or help me follow the rules.	<input type="checkbox"/>	<input type="checkbox"/>
14. Allow me to lead or direct most of the sessions (<i>I got to decide what we did each session</i>).	<input type="checkbox"/>	<input type="checkbox"/>
15. Have my parent or guardian and I talk about the traumatic event(s) together in a session.	<input type="checkbox"/>	<input type="checkbox"/>
16. Talk about new troubling events or crises that happened to me in the past week or two for most of the sessions.	<input type="checkbox"/>	<input type="checkbox"/>
17. Teach me how to relax (e.g., deep breathing, tightening & relaxing my muscles to feel less tense).	<input type="checkbox"/>	<input type="checkbox"/>

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TF-CBT Client Services – Page 2

Child/Adolescent Version

Please continue from the previous page...

During your counseling sessions, did your therapist:	YES (1)	NO (0)
18. Teach me to think of (or imagine) something positive, like a pleasant place, person, or situation, when I am feeling scared or upset.	<input type="checkbox"/>	<input type="checkbox"/>
19. Have me and my parent or guardian practice using coping skills (e.g., deep breathing, imagining something pleasant or a stop sign, muscle relaxation, positive self-talk) to deal with things that remind me of the traumatic event(s).	<input type="checkbox"/>	<input type="checkbox"/>
20. 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"/>
21. Saw only me in most sessions (did not see my parent or guardian separately).	<input type="checkbox"/>	<input type="checkbox"/>
22. Talk about ways I can keep myself safe in the future (in my family, school, and/or community).	<input type="checkbox"/>	<input type="checkbox"/>
23. Often stop talking about the traumatic event(s) because I became upset.	<input type="checkbox"/>	<input type="checkbox"/>
24. Encourage me to vent or “get out” my negative feelings about the trauma or the offender (e.g., tearing up paper, destroying something).	<input type="checkbox"/>	<input type="checkbox"/>
25. Teach me about things I could say to myself to help me feel better if/when I feel unhappy, scared, sad, or mad.	<input type="checkbox"/>	<input type="checkbox"/>
26. Talked to me about my negative feelings I have about the traumatic event(s) (e.g., feeling like it was my fault, feeling ashamed or embarrassed).	<input type="checkbox"/>	<input type="checkbox"/>
27. Talk about how to tell other people (like parents, teachers, or counselors) if anyone hurts me in any way or if I see someone hurting someone else.	<input type="checkbox"/>	<input type="checkbox"/>