

THERAPY EFFECTIVENESS REVIEW - Part 1

Please read the following statements about therapy approaches or interventions and indicate on the right how important they are to you.

Least Important = 1, Somewhat Important = 3
and Most Important = 5

Name _____

Date _____

	Least Important		Somewhat Important		Most Important
1. My therapist being willing to get to know me informally before s/he started asking me specific questions about my mental health	1	2	3	4	5
2. My therapist being willing to talk about some of their personal experiences, situations or feelings	1	2	3	4	5
3. My therapist being willing to give me feedback about how they experience me in our meetings or about how I "come off" to them as a person	1	2	3	4	5
4. My therapist being willing to help me define specific goals in therapy	1	2	3	4	5
5. My therapist being willing to help me schedule meetings and/or adjust their schedule to meet my needs	1	2	3	4	5
6. My therapist sharing a sense of confidence in the outcome of my therapy and/or giving me a sense of reassurance	1	2	3	4	5
7. My therapist validating or affirming my feelings	1	2	3	4	5
8. My therapist and I focusing on specific skills I can use in my life	1	2	3	4	5
9. My therapist being willing to give me advice or suggestions about what to do about situations in my life	1	2	3	4	5
10. My therapist focusing more on helping me learn how to see things for myself, decide for myself and act for myself	1	2	3	4	5
11. My therapist being warm and friendly with me	1	2	3	4	5
12. My therapist helping me identify and access additional resources I can use to help me in my life	1	2	3	4	5
13. My therapist helping me develop a sense of vision or purpose for my life	1	2	3	4	5
14. My therapist giving me work to do outside of session	1	2	3	4	5
15. My therapist helping me think about myself and identify myself in positive ways when that is fair and realistic	1	2	3	4	5