

Your Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

### TEAM Therapist Rating Scale\*

**Instructions.** Use checks (✓) to indicate how strongly you agree with each statement about your most recent training session.

**Please answer all the items.**

0--Not at all true	1--Somewhat true	2--Moderately true	3--Very true	4--Completely true
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<b>Positive Feelings about the Therapist</b>				
1. My therapist seemed warm, supportive, and concerned.				
2. My therapist seemed trustworthy.				
3. My therapist treated me with respect.				
4. My therapist did a good job of listening.				
5. Overall, I was satisfied with my most recent therapy session.				
<b>Negative Feelings during Session</b>				
6. Sometimes I felt uncomfortable during the therapy session.				
7. Sometimes I felt defensive during the therapy session.				
8. Sometimes I felt frustrated during the therapy session.				
9. Sometimes I felt anxious during the therapy session.				
10. Sometimes I felt insecure during the therapy session.				
<b>Helpfulness of the Session</b>				
11. I was able to express my feelings during the session.				
12. I talked about the problems that were bothering me.				
13. The techniques we used were helpful.				
14. The approach my therapist used made sense.				
15. I learned some new ways to deal with my problems.				
<b>Difficulties with the Questions</b>				
16. It was hard to be completely honest answering some questions.				
17. My answers weren't always completely honest.				
18. Sometimes I did not answer the way I really felt inside.				
<b>Your Commitment</b>				
19. I plan to do therapy homework before the next session.				
20. I intend to use what I learned in today's session.				

Please describe what you specifically **disliked** about the session? What could have been improved? Were there some things you disagreed with or did not understand? \_\_\_\_\_

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Please describe what you specifically **liked** about the session? What was the most helpful? Were there some things you learned? \_\_\_\_\_

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