



Gabrielle N. Clayton, MA, LMHC

mailing address: PO Box 6396; Olympia, WA 98507
website: <http://www.gabiclayton.com/gnc-ma.htm>

phone: (360) 888-5291
email: gabi@gabiclayton.com

Therapy Review

Your name: _____ Date: _____

I'm (satisfied) (unsatisfied) (both) (neither) (unsure) with our therapeutic relationship because:

When I think about my part in our relationship, I realize that I: *(check any that may apply at this time.)*

- | Often | Sometimes | Rarely | |
|-----------------------|-----------------------|-----------------------|----------------------------------------------------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | share the important events and concerns of my life with you. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | am receptive about what is said to me in therapy. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | am able to ask you questions. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | figure out what I want and need with support from you. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | give you feedback about my responses to therapy. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | can disagree with you and let you know. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | feel safe bringing up difficult feelings and intimate secrets. |

I could do more to improve our work together by:

I think that as my counselor you: *(check any that may apply at this time.)*

- | Often | Sometimes | Rarely | |
|-----------------------|-----------------------|-----------------------|-------------------------------------------------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | help me to define my therapeutic goals. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | help me to stay focused on those goals during our sessions. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | have my best interests at heart. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | accept me. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | understand me. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | take me seriously. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | are knowledgeable and skilled. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | are a warm and caring person. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | believe in my abilities. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | take my feedback into account. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | use techniques I am comfortable with. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | respect my autonomy. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | challenge me in ways I can learn from. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | help me create new ideas and solutions to my problems |

I might be late for therapy (or miss my sessions) because: *(Check any that may apply at this time.)*

- we haven't been focusing on what is important to me.
- something is going on that is hard to talk about.
- I don't plan well..
- my relationship with you is getting too intense — maybe I need some distance.
- I don't like the way my therapy is progressing.
- I am upset about something that you said or did.
- I resent that I am going to therapy to please someone else.
- we haven't been focusing on what is important to me.
- or: _____

As I think about my sessions with you, I would like: *(Check any that may apply at this time.)*

More Less Same

- focus on (my present day problems) (my past history).
- referral to resources that might help me outside of therapy.
- to decide what to talk about and what to use my time for.
- feedback on why I do what I do.
- opportunities to talk more.
- information about my problems.
- to explore my fantasies and dreams
- to understand how my past may be influencing my life now.
- help dealing with difficult behavior.
- for you to let me know it is okay for me to feel and express strong feelings in our sessions.

I wish that my therapy would be: *(Check any that may apply at this time.)*

- | More | Less | Same | | More | Less | Same | |
|-----------------------|-----------------------|-----------------------|-------------|-----------------------|-----------------------|-----------------------|-----------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | challenging | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | directive |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | stimulating | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | advice-giving |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | accepting | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | encouraging |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | encouraging | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | supportive |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | calming | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | confrontational |

My therapy (generally addresses) (sometimes focuses on) (ignores) the issues most important to me.

I leave sessions with (a sense of accomplishment) (sometimes satisfied) (doubting that I have accomplishing anything).

In thinking about your therapy, what have been the most significant, positive changes for you?

You could do more to improve our work together by: