

Triad Role Play Feedback Sheet - Client

Your name: _____ Role: Client | Session # _____

Therapist name: _____

Observer name: _____

Each participant in the triad role play (client, therapist and observer) will complete this sheet in relation to their **own** experience. i.e the client will reflect on their experience of being helped. Please try and provide detailed constructive feedback of **your** experience.

Starting and Ending – Did you feel comfortable in the way the therapist started the session? What did they do to help you feel at ease? Did they explain their approach? Did they create a safe therapeutic space? How did the session end? Did you feel supported at the end of the session?

Key moments – Can you identify key moments? What were they? What happened? Did they arise from something that the therapist did? How did you feel the therapist dealt with it?

What worked well – Can you identify the things the therapist did that you found helpful?

Sticky moments – Were there any moments of dissonance or tension? Could the therapist have done anything different in these moments?

General comments about how you felt the triad went and what you learnt: