

Clinical HeartSync Research Project – Post Treatment Questionnaire

Thank you for participating in this research project for Clinical HeartSync! We are glad that you were willing to take part in this project and we sincerely hope that this program has helped and will continue to help with your symptoms in the future. We are now asking you for your help in giving us your thoughts about the process. Please answer every question below. Your experience will be used to help us continue to develop this model.

1. Please describe your overall experience from going through these 10-sessions of Clinical HeartSync. Were you helped or not and how?

2. Please circle the effectiveness of Clinical HeartSync in addressing your depression symptoms on a scale of 1-10, with 10 being extremely effective and 1 being ineffective?
1 2 3 4 5 6 7 8 9 10 Now, tell us why you gave the rating you did.

3. If you have not had psychotherapy or formal counseling in the past, were you able to understand this model using the videos, handouts, and the help from your counselor? Was there any part of this model that was hard to understand? If so, how could we help you get more out of this program?

4. If you have had psychotherapy or formal counseling in the past, please describe how “Clinical HeartSync” was different than the other counseling methods you have experienced. What was better or worse about this program compared to the others?

5. What was your favorite part of the “Clinical HeartSync” program? What was the most effective part of “Clinical HeartSync” in helping your heart heal?

6. What was your least favorite part of the “Clinical HeartSync” program? What parts, if any, were not helpful in helping your heart heal?

7. What HeartSync tools do you think you will use the most after completing your 10 sessions (Covering Prayer, Appreciation, Cleansing Prayers, Immanuel Moments, Trauma Release, Attuning to Core Parts, Synchronizing Core Parts to Jesus, Journaling, or Daily HeartSync)?

8. What feedback would you give to your HeartSync counselor? Feel free to give both encouragement and constructive feedback. (Feedback will be given without your name, unless you put your name within this paragraph.)

9. Would you be interested in further Clinical HeartSync sessions, HeartSync trainings, or becoming a HeartSync clinician or lay minister, in the future? If so, please indicate which one or ones so we can guide you to further resources.

10. Please comment on whether you utilized your faith within the Clinical HeartSync process. If not, please explain why you chose not to use your faith. If you used your faith, please describe how your faith helped the healing process.
