

SESSION REACTIONS SCALE-3
(05/2022)

Therapist _____ Client ID _____

Date _____ Session _____

Take a moment to think back over the **most recent therapy session** you have completed and what you got from it. Please compare your sense of this session to each of the following descriptions to rate how well they fit, based on the words in each item that fit your experience best. It is important to note that **not every** item will be rated high (or low) because each session is unique and the reactions to sessions are different.

Please circle the appropriate number for each item:

As a result of my <u>MOST RECENT SESSION</u>:	Not at All	Slightly	Somewhat	Quite a bit	Very Much
1. I could see things from another person's perspective .	1	2	3	4	5
2. I feel uncomfortable doing what my therapist is suggesting for me to do.	1	2	3	4	5
3. I have become clearer about the problems or goals for me to work on.	1	2	3	4	5
4. I feel a lack of direction or guidance from my therapist.	1	2	3	4	5
5. I have come to better understand myself or my feelings or actions.	1	2	3	4	5
6. I feel more distanced from certain feelings, thoughts, or memories.	1	2	3	4	5
7. I feel supported, reassured, or protected by my therapist.	1	2	3	4	5
8. I have come to understand why some people behaved or felt a certain way.	1	2	3	4	5
9. I feel stuck, blocked, or unable to progress in therapy.	1	2	3	4	5
10. I feel emotionally relieved or less burdened .	1	2	3	4	5
11. I feel close to my therapist .	1	2	3	4	5
12. I feel a lack of support from my therapist.	1	2	3	4	5
13. I feel truly understood by my therapist.	1	2	3	4	5
14. I became more aware or clearer about other people or external things that influence me.	1	2	3	4	5
15. Now I feel worse than when I started the session (for example, scared, overwhelmed, depressed, anxious, sad, or embarrassed).	1	2	3	4	5
16. I am more aware or clearer about my feelings, thoughts, or memories .	1	2	3	4	5

Please turn over

As a result of my <u>MOST RECENT SESSION</u>:	Not at All	Slightly	Somewhat	Quite a bit	Very Much
17. I feel somewhat misunderstood by my therapist.	1	2	3	4	5
18. I feel more positively or hopeful about another person(s).	1	2	3	4	5
19. I feel personally invested in what I need to do in therapy to achieve my goals.	1	2	3	4	5
20. I feel more empowered, hopeful, or positive about myself.	1	2	3	4	5
21. I am more bothered by unpleasant thoughts, feelings, or memories.	1	2	3	4	5
22. I made progress towards knowing what to do about my problems.	1	2	3	4	5
23. I feel like withholding some of my thoughts, feelings, or reactions from my therapist.	1	2	3	4	5
24. I have accepted some aspects of myself or my situation more than before.	1	2	3	4	5
25. I feel less warm or more distant from my therapist.	1	2	3	4	5
26. I became more aware of the accomplishments I have made in therapy so far.	1	2	3	4	5
27. I feel distracted from what is important for me to work on in therapy.	1	2	3	4	5
28. I feel I have improved my skills or learned new strategies to cope with my problems.	1	2	3	4	5
29. I feel I am failing to follow my therapist's instructions and advice.	1	2	3	4	5
30. I became emotional about certain topics.	1	2	3	4	5
31. I feel my therapist is trying things that don't quite fit me .	1	2	3	4	5
32. Please describe and rate any other reactions you might have had to this session:_____	1	2	3	4	5