SESSION REACTIONS SCALE-3 BRIEF

(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 MOST RECENT SESSION:	Not at All	Slightly	Somewhat	Pretty Much	Very Much
1. I realized something new about myself or other people.	1	2	3	4	5
2. I feel understood, supported, or reassured by my therapist.		2	3	4	5
3. I feel more distanced from certain feelings, thoughts, or memories.		2	3	4	5
4. I feel more empowered, hopeful, or positive about myself.		2	3	4	5
5. I feel stuck, blocked, or unable to progress in therapy.		2	3	4	5
6. I feel more positively or hopeful about another person(s).		2	3	4	5
7. I have become clearer about the problems or goals for me to work on.	1	2	3	4	5
8. I feel uncomfortable doing what my therapist is suggesting for me to do.		2	3	4	5
9. I feel I have improved my skills or learned new strategies to cope with my problems.		2	3	4	5
10. Now I feel worse than when I started the session (for example, scared, overwhelmed, depressed, anxious, sad, or embarrassed).	1	2	3	4	5
11. I feel personally invested in what I need to do in therapy to achieve my goals.	1	2	3	4	5
12. I feel a lack of direction or guidance from my therapist.	1	2	3	4	5
13. I feel emotionally relieved or less burdened .		2	3	4	5
14. I have accepted some aspects of myself or my situation more than before.	1	2	3	4	5
15. Please describe and rate any other reactions you might have had to this session:	1	2	3	4	5