

SESSION REVIEW

This session-review form serves two purposes:

- 1) to help you to consolidate the gains from your therapy session, and
- 2) to inform your therapist so your subsequent sessions are maximally productive.

Your Name _____ Today's date _____

Session length: 45 min 60 min 75 min 90 min 120 min other _____

Therapist's name _____

1. How distressed were you prior to this session? Not at all distressed ... 0 1 2 3 4 5... Very

2. What insight(s) stood out for you from the session?

3. What skill(s) stood out for you from this session?

4. How helpful did today's session feel? Not at all helpful ... 0 1 2 3 4 5 ... Very helpful.

5. What did you especially like in the interactions with your therapist?

6. What if anything was a negative for you in this session?

7. What might make your next session even better?

18 How distressed do you feel now, at the end of the session:

Not at all distressed... 0 1 2 3 4 5 ... Extremely

Now I mainly feel _____.

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