



Sabine Cox, RP

Name of Client \_\_\_\_\_

Date \_\_\_\_\_

Name of Therapist \_\_\_\_\_

## Therapist Self-Review of Psychotherapy Session

**Directions:** Please respond to the following statements or questions as soon after the counselling session as possible and before you receive feedback from your client or supervisor.

1. The most helpful thing(s) you said , asked, or did this session were ...
2. Was the client able to discuss the issues, concerns, or problems that s/he wanted to this session? \_\_ yes \_\_ no. What type of issue/concern/problem was it?
3. What were you uncomfortable with or found to be difficulty in this session?
4. What are your plans for the next session with this client?
5. What was the best part of this session for you?
6. What was the most negative part of this session for you?
7. Did you experience any feelings or countertransference that may have affected your behaviour during this session? \_\_ yes \_\_ no. If yes, briefly describe:
8. What would you do differently, if you could have the session over again?
9. As a result of this session are you motivated to work on developing any particular knowledge or skill? \_\_\_ no \_\_\_ yes. If yes, what do you want to work on?