

Getting the Most Out of Therapy

Read the article first. This worksheet accompanies *Is My Job to Make You Feel Better?* at ThoughtsFromATherapist.com, which describes the two roles a therapist occupies, comfort and growth, and why a hard session is not proof that therapy failed. Search “make you feel better” on the site to find it.

Therapy works best as a collaboration, and a therapist's ability to adapt to what we need is one of the better predictors of a good outcome. That adapting depends on what we tell them. Use this sheet before a session, or after one that left something unsaid. A few words per space is enough.

TWO JOBS Comfort or growth

One role is to nurture, validate, comfort, and help settle the nervous system. The other is growth, which asks us to question stories we have become attached to and tolerate uncertainty while an old construct loosens. It is a continuum, and most of us need both. The harder question is which one we are asking for today.

FIT The relationship

The therapeutic relationship is the most important factor in whether therapy helps. Most approaches work when that relationship is strong. Trust, feeling accepted, and a sense that the session is about our needs matter more than the letters after a name.

*Do I trust them, and do I feel accepted?
Could I disagree with them and say so?*

HOPE Give it a few sessions

Believing a therapist can help sometimes takes a few sessions, and part of a therapist's job is to increase that hope. Listening to the gut still counts: if it feels like a therapist can be helpful, they probably will be.

FEEDBACK Stop, start, continue

What is important that our therapist start doing, stop doing, and continue doing? Some people like a directive therapist and some do not. Some like role plays and some would leave if asked to do one. A good therapist wants to know.

PERMISSION Pace and choice

A good therapist often asks before trying something new: pointing out what the body is doing, switching to a practical session for one concrete problem, or taking a more directive stance. Asking permission is an intervention in itself. It shows that our boundaries are real.

A WORKED EXAMPLE FROM THE ARTICLE

EARLIER	A long-term client was overwhelmed by circumstances largely outside her control. The therapist chose comfort, so she would leave more regulated than she arrived.
HER FEEDBACK	Very direct. That was not what she wanted. She wanted help to grow.
LATER	She was emotional again, inside a familiar pattern. The therapist chose to challenge her, then asked: “You were hurting, and I decided to prioritize growth. Was that actually what you wanted?” Her answer: “Absolutely.”
WHAT SHE NAMED	Regulation is increasingly her responsibility. If she needs comfort, she trusts herself to ask for it. Otherwise, she wants help to grow.

Am I here today to feel better, or am I here to grow? Most of us need both. The harder question is whether we can recognize which one we are asking for today.

What I need today

Fill this in before a session. The answer can change from week to week.

Mark where I am today. The center means both.

	COMFORT	BOTH	GROWTH
Today I am here to	Feel steadier, comforted, less alone with it	☐ ☐ ☐ ☒ ☐ ☐ ☐	Be challenged, question my story, grow

Filling this in on a screen: click a dot and type the letter for the mark.

WHAT I WOULD LIKE THE HOUR TO HOLD

A situation, a feeling, a pattern I keep returning to.

IF I LEAVE UNCOMFORTABLE

Discomfort after a session is not proof it failed. Sometimes it is evidence that something meaningful happened.

WHAT WOULD TELL ME A HARD SESSION WAS STILL USEFUL?

WHAT WOULD HELP ME GET THERE

More listening, more structure, more challenge, more time with a feeling before moving on.

FIT CHECK

Check what is true so far. A blank box is something to say aloud, not a reason to quit. Hope sometimes takes a few sessions.

- | | |
|--|--|
| ☐ I trust my therapist | ☐ I believe they sincerely want to help |
| ☐ I feel accepted | ☐ I feel compassion and empathy from them |
| ☐ The session stays on my needs, not theirs | ☐ They seem to know what they are doing |
| ☐ I have some hope they can help | ☐ I could disagree with them and say so |

THE ONE I WOULD SAY ALOUD

Which blank matters most, and how could I put it into one or two sentences?

Feedback for my therapist

Directions are in each row. Bring this page to a session, or read from it.

STOP

Less of this

A process or technique I would rather not do anymore.

START

More of this

Something I would like to see, or try, that we have not done.

CONTINUE

Keep this

What is helping, so it does not get dropped.

PAST THERAPY

What I learned before

If I have been in therapy before:

WHAT A PAST THERAPIST DID THAT HELPED, AND I WOULD LIKE AGAIN

WHAT DID NOT HELP, AND I WOULD LIKE TO AVOID

PERMISSION

Ask me first

Check what I would want my therapist to ask about before trying.

- | | |
|---|---|
| ☐ Pointing out what my body is doing | ☐ Role plays or practicing a conversation |
| ☐ A more directive stance, more challenge | ☐ A practical session for one concrete problem |
| ☐ Stopping me mid-conversation (couples or family) | ☐ Other: |

SOMETHING THAT IS HARD TO BRING UP

An elephant in the room: a difference between us, a moment that stung, a worry about the therapy itself.

ONE SENTENCE TO BRING NEXT SESSION

Start with "I would like..." or "It would help me if..."

Finding a therapist who fits

An optional page for choosing a therapist. Fit says more than letters.

PSYCHIATRIST MD	Medical doctors. The only ones on this list who went to medical school, and the ones who prescribe medication.
PSYCHOLOGIST PhD, PsyD	Licensed to conduct more assessments, with more education in research, teaching, and statistics.
MASTER'S LEVEL LPC, MA, MS	All master's level therapists are educated in conducting psychotherapy. A specialty is not implied by the degree.
SOCIAL WORKER LCSW, LSW	Most are educated in conducting psychotherapy, and social workers are generally very knowledgeable about community resources.
FAMILY THERAPIST LMFT	Ideally trained for therapy with more than one person in the room, where everyone needs to feel safe, understood, and accommodated.

The letters are less helpful than they look. Years of experience and theoretical orientation have not been shown to change outcome much. To learn a specialty, call and ask. A good therapist will explain how they can help, or refer to someone who fits better, and a referral is not about us.

QUESTIONS I WANT TO ASK ON THE FIRST CALL

How do you work with something like what I am bringing? How do you ask for feedback? What happens if I disagree with you?

AFTER THE FIRST SESSION

DID I FEEL LISTENED TO AND ACCEPTED?

DID IT FEEL LIKE THEY COULD HELP? (TRUST THE GUT, AND GIVE HOPE A FEW SESSIONS.)

NOTES FROM EACH CALL

Who I spoke with, how they described their work, and how I felt afterward.
