

Self of the Therapist Reflection Worksheet

Read the article first. This worksheet accompanies *Self of the Therapist: Core Dimensions* at ThoughtsFromATherapist.com, which walks through the layers that shape the self of the therapist: relationships, neurology, intelligence, thought structures, creativity, presence, and physical reality. Search “self of the therapist core dimensions” on the site to find it.

For clinicians and supervisees. Therapy is never only about what we know. Our personal histories, habits, and ways of seeing the world come into the room with us, and we cannot avoid what we are mostly unaware of. This worksheet maps what we bring. It is a reflection, not a checklist. Choose one recent session that stayed with us afterward, and answer with that hour in mind. A few words per space is enough.

RELATIONSHIPS

Patterns we carry

How we engage, protect, or withhold under stress, the role we learned in our family of origin, and how our energy and pace meet the client's. The goal is not to sever from origin but to see it clearly enough that we respond rather than repeat.

NEUROLOGY

Defense and regulation

Our bodies respond before our minds interpret. Defenses are adaptations we developed at a particular stage of development. The question for the present moment is whether that adaptation is still serving us. Our regulation matters for the client too: it is generally more effective for the therapist to start breathing than to tell the client to breathe.

OPERATING SYSTEMS

What we inherited

Cultural and personal values, schemas, and beliefs shape what we notice and what we believe healing requires. Unexamined, they limit curiosity and narrow our clinical stance. What matters most is not what we believe but how consciously we relate to it.

INTERVENTIONS

Where we reach, where we avoid

Thirteen families of intervention, each carrying a philosophy about change. Which do we gravitate toward, which do we avoid, and what might that reveal about our training, temperament, and values?

PHYSICAL REALITY

The body in the room

Our bodies are seen, interpreted, and responded to. Sleep, movement, and energy shape presence, and how the world responds to our body shapes power, proximity, and disclosure. This section is private reflection.

A WORKED EXAMPLE FROM THE ARTICLE ON THERAPISTS IN THERAPY

WHAT I BRING

An old partner who was abusive.

WHERE IT SHOWS UP

A client begins talking about an abusive partner.

THE RISK

Countertransference: projecting our own unresolved material onto the client without knowing we are doing it.

THE WORK

Our own therapy, so we can stay present and emotionally stable while the client enters what feels like chaos. If our own life would bias the work, we refer.

WHY IT MATTERS

It is the security of the therapist's presence that makes it safe for the client to explore chaos, suffering, contradiction, and loss.

Therapists seek therapy to learn about therapy, to increase their own mental health, to become aware of their blind spots, and to increase their ability to be an authentically accepting person. We also seek it for every reason anyone else does: because it helps.

Patterns I carry

Answer with the chosen session in mind. Check what fits and add my own words.

UNDER STRESS

My relational template

When the session gets hard, I tend to:

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|---|---|
| ☐ Withdraw and regulate on my own, and look calmer than I feel | ☐ Move toward the client, and feel flooded or over-responsible |
| ☐ Stay grounded and ask for help when I need it | ☐ Move between these, depending on the client |

THE CLIENT WHO PULLS THIS MOST, AND WHAT THEY DO

FAMILY OF ORIGIN

My old role

The role I learned early, and when it becomes my default stance in session.

- | | |
|-------------------------------------|---------------------------------|
| ☐ Caretaker | ☐ Rebel |
| ☐ Peacemaker | ☐ Other: |

WHEN I FEEL OVER-RESPONSIBLE, DISMISSED, OR UNSEEN IN SESSION

ENERGY AND PACE

How I process

Do I think aloud or need time before I speak? Am I quick and intuitive, or slower and reflective? How does my pace meet this client's?

DEFENSES

My usual adaptations

Check the ones I know in myself. Then name the last session one showed up.

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|---------------------------------------|--|
| ☐ Projection | ☐ Intellectualization |
| ☐ Dissociation | ☐ Other: |

THE LAST SESSION IT SHOWED UP, AND WHAT IT WAS PROTECTING

REGULATION

What activates me

What topics or behaviors activate me in session, and how do I return to balance before the client has to manage me?

What I inherited, and what I reach for

Directions are in each box. Honesty matters more than completeness.

VALUES AND BELIEFS THAT NARROW MY CURIOSITY

Assumptions about family, gender roles, success, suffering, or community. Individualist or collectivist, maintain through rules or change through growth, rigid or flexibly structured.

A VALUE I INHERITED AND RARELY QUESTION:

WHERE IT NARROWS WHAT I NOTICE WITH CLIENTS:

THIRTEEN FAMILIES OF INTERVENTION

Check the families I reach for often. Cross out the ones I avoid. Leave the rest.

- | | |
|---|---|
| ☐ Behavioral: rehearsing new behaviors | ☐ Pragmatic: homework, strategies, deconstruction |
| ☐ Structural: roles, power, coalitions | ☐ De-escalating: grounding, slowing the pace |
| ☐ Experiential: enactments, sculpting, play | ☐ Insight or awareness: reflection, immediacy |
| ☐ Cognitive and narrative: reframing, new stories | ☐ Strength-based: amplifying what already works |
| ☐ Resilience: tracing past recoveries | ☐ Social justice: power, privilege, oppression |
| ☐ Attachment: felt safety, responding to bids | ☐ Emotional and grief: staying with feeling |
| ☐ Spiritual: purpose, holding the unknown | |

WHICH DO I AVOID, AND WHAT MIGHT THAT REVEAL?

Not only about my training, but about my temperament, values, and sense of what it means to help another human being change.

THE BODY IN THE ROOM (PRIVATE REFLECTION)

Sleep, nutrition, movement, and energy this week. How my gender expression, stature, ability, race, or age is seen, and what it shapes about power, proximity, and disclosure with this client.

ONE BLIND SPOT TO BRING TO SUPERVISION

People are not always the best at identifying their own blind spots, and therapists are people.

THE BLIND SPOT I SUSPECT:

WHAT I WOULD ASK MY SUPERVISOR TO WATCH FOR:
