



Solution-Focused Alliance Dynamic Scale (SFADS)

Client Reflection Form · Pilot 1.1 · September 2025

About the SFADS

This form invites you to reflect on your recent session and your experience working with your therapist. It includes ten short statements about aspects that often matter in therapy—such as feeling understood, having shared goals, noticing progress, and feeling supported. There are no right or wrong answers — just your experience. Your responses help your therapist better understand your perspective and make future conversations more helpful for you.

Session Information

Please complete the details below before filling in the scale. Please do not write your name – use only the codes provided. This way, your answers will stay anonymous and confidential.

Date of Session: _____

Duration of Session (in minutes): _____

Where did the session take place? ☐ Private Practice ☐ Clinic ☐ School ☐ Online Session

Which session is this? ☐ Session 1 – First Session

☐ Session 3 – Midpoint Session

☐ Final Session – End of Therapy

☐ Other (please specify): _____

Type of Session: ☐ Individual ☐ Couple ☐ Family

How many people were in the session (including you)? _____

Your client Code (anonymous): _____

Practitioner Code: _____

Instructions for the Client

Please complete this form shortly after your session, while the experience is still fresh in your memory. The SFADS invites you to reflect on how the session felt for you, focusing on ten areas that describe how you and your therapist may have worked together, such as:

- feeling understood
- working toward shared goals

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- noticing progress
- receiving support

When Responding

- There are no right or wrong answers — only your personal experience matters.
- If something felt unclear or missing, use the lower part of the scale.
- If something felt present and helpful, use the higher part of the scale.
- Feel free to use the full range of the 0–10 scale; even minor differences between scores can be meaningful.
- If you're unsure, choose the score that feels closest to your overall experience.

Your honest feedback is greatly appreciated and will help your therapist tailor future sessions to your needs.

Scoring Guide

- **0–3** — This was **hardly or not at all true for me** during the session
- **4–6** — This was **somewhat true for me**
- **7–10** — This was **true for me and felt strong**

Alliance Dimensions and Session Reflection

For each of the following dimensions, please rate on a 0–10 scale (0 = not at all true, 5 = somewhat true, 10 = very true and strong). Circle your score and briefly describe what in the session supports your rating.

Disclaimer: All information is anonymised and used only for reflective or research purposes.

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1. Linguistic Sync

"Even though we do not speak the same first language, I felt that my therapist and I could still **understand each other** and stay in sync during the session".

No Sync



Strong Sync

0 1 2 3 4 5 6 7 8 9 10

→ What in the session contributed to your rating? (Briefly describe):

2. Sync Across Differences

"Even if my therapist and I are different (for example, in gender, culture, education, or background), I felt that we **were in sync today**".

No Sync



Strong Sync

0 1 2 3 4 5 6 7 8 9 10

→ What in the session contributed to your rating? (Briefly describe):



3. Rapport

In this session, I felt a **good connection** with my therapist, and it was easy and comfortable to talk.



→ What in the session contributed to your rating? (Briefly describe):

4. Mandate

In this session, I felt **comfortable letting my therapist help me**.



→ What in the session contributed to your rating? (Briefly describe):



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5. Goal Agreement

In this session, we worked together to figure out what I want to work on.

No Agreement

Strong Agreement



→ What in the session contributed to your rating? (Briefly describe):

6. Sense of Agency

In this session, I felt **confident that I can make good choices** and take steps toward my goals.

No Agency

Strong Agency



→ What in the session contributed to your rating? (Briefly describe):

7. Social Support

In this session, I became aware of the **support from people around me** (like family, friends, or others) in taking the right steps.

No Support

Strong Support



→ What in the session contributed to your rating? (Briefly describe):

8. Belief in the Client

In this session, I felt that **my therapist believed in my strengths** and my ability to move forward.

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No Confidence

Strong Confidence



→ What in the session contributed to your rating? (Briefly describe):



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9. Resilience

In this session, we worked on my ability to **stay motivated and keep moving forward**, even when things become difficult.

No Resilience

Strong Resilience



→ What in the session contributed to your rating? (Briefly describe):

10. Client's Perception of Progress

In this session, I had a **clear view of the positive changes** I want and the steps I can take toward my goals.

No Clear Perception

Strong Perception



→ What in the session contributed to your rating? (Briefly describe):



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11. Scoring

Total Score (sum of all ten dimensions): _____ Average Score (Total ÷ 10): _____

These scores are for reflection only and not for clinical evaluation.

12. Your Language

Please write down any **words, phrases, or images** from the session that felt especially meaningful or motivating to you.

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Thank you for completing this pilot version of the SFADS.

