

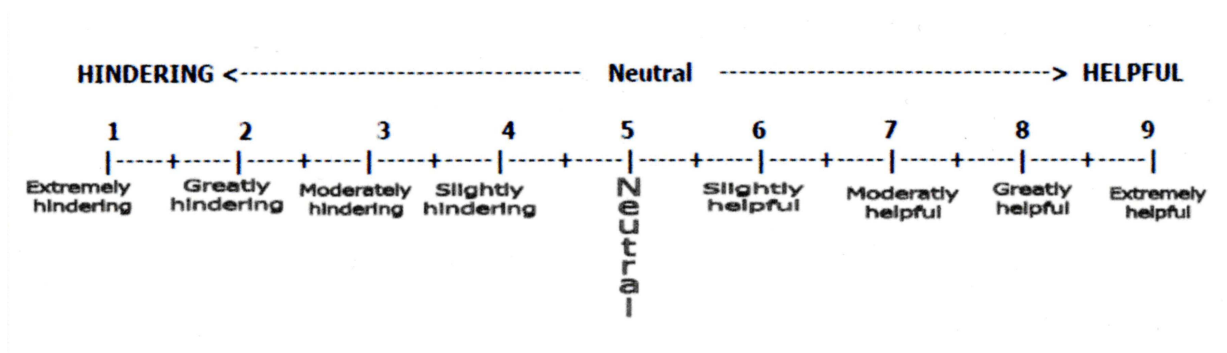
Therapist Initials _____ Client ID _____
Date: _____ Session No. _____

HELPFUL ASPECTS OF THERAPY FORM (H.A.T.) (Version 3.1; 1/23/08)

1. Of the events which occurred in this session, which one do you feel was the most **important** or **helpful** for you personally? (By "event" we mean something that happened in the session. It might be something you said or did, or something your therapist or counsellor said or did.)

2. Please describe what made this event important/helpful and what you got out of it.

3. How helpful or hindering was this particular event? Rate it on the following scale. (Put an "X" at the appropriate point; half-point ratings are OK; e.g., 7.5.)



4. About where in the session did this event occur?

5. About how long did the event last?

Please turn over

6. Did anything else particularly **helpful** happen during this session?

YES NO

- (a. If yes, please rate how helpful this event was: _____ 6. Slightly helpful
_____ 7. Moderately helpful
_____ 8. Greatly helpful
_____ 9. Extremely helpful

(b. Please describe the event briefly:

7. Did anything happen during the session which might have been **hindering**?

YES NO

- (a. If yes, please rate how hindering the event was: _____ 1. Extremely hindering
_____ 2. Greatly hindering
_____ 3. Moderately hindering
_____ 4. Slightly hindering

(b. Please describe this event briefly: