

HELPFUL ASPECTS OF THERAPY FORM (H.A.T.)

(Version 3.2; 05/2008)

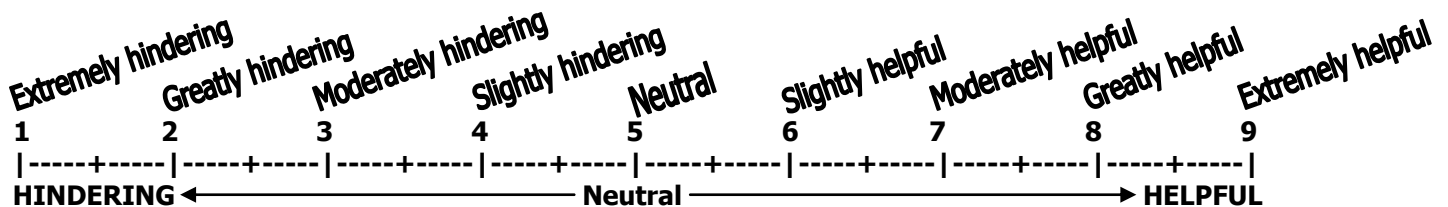
Therapist _____ Client ID _____

Date _____ Session _____

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:

Slightly ₆

Moderately ₇

Greatly ₈

Extremely ₉

(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:

Slightly ₄

Moderately ₃

Greatly ₂

Extremely ₁

(b. Please describe this event briefly: