

CLIENT EVENT RECALL FORM (Version 3.51)
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CASE: _____
 SESSION: _____
 SESSION DATE: _____

Part A: SURVEY EVENT

Instructions: Now that we have found the beginning of the event, we will play through it in order to discover the most helpful parts and exactly where it ends. After we do this, I'll next ask you to tell me about your experiences during the event, then I'll have you rate the event on a number of things.

Now, as I play the tape back for you, I would like you to try to put yourself back into the event as much as you can. Try to remember what was going on for you then, as opposed to what you might think about it now. Take a minute to get into what was going on for you then. As we go through the tape, I will need to know three things:

1. The most helpful things your therapist said in the event.
2. The most helpful things you said.
3. Exactly where, from your point of view, the event ends.

Please let me know whenever we get to one of these things, by nodding or by saying something. Any questions?

(Project Use:)

	Counter Number	Helpfulness Rating	(Use this space for multipart events:)
Event Begins	_____		(_____
Therapist Peak(s)	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Client Peak(s)	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Event Ends	_____		_____)

Part B: Talk About Event in Your Own Words

Before having you rate the event you have just defined for me, I'll take you through a series of questions intended to help you to tell me about it in your own words. The following questions have to do with things about you or the therapy which may relate in some way to the event you have picked.

For items 1 to 10, please ask the question of yourself and just see what comes. If something comes to mind, please describe it. If nothing comes to mind, or if the question does not relate to the event, just tell me that; please try not to force an answer or make up something to please me.

No Yes 1. Can you think of anything that happened earlier in your life that relates to this event? (e.g., childhood, relationships with parents and family growing up, experiences as a young adult)

No Yes 2. Can you think you think of any basic wants and fears of yours that relate to this event? (what you want for yourself and from others, what you try to avoid or find particularly difficult or painful)

No Yes 3. Can you think of any strengths and weaknesses of yours that relate to this event? (what you're good at; your limitations; the way you react to problems)

No Yes 4. Can you think of anything about your current life situation that relates to this event? (your current living situation, family, job, relationships)

No Yes 5. Do any of the problems which brought you to therapy relate to this event?

No Yes 6. Does anything that has happened to you in the past week or few weeks relate to this event?

No Yes 7. Does anything that has happened in previous therapy sessions relate to this event?

No Yes 8. Does anything about your therapist as a person relate to this event? (the kind of person you see your therapist as being)

No Yes 9. Did anything happen earlier in this session that relates to this event?

No Yes 10. Did anything happen later in this session that relates to this event?

11. Describe Your Experience During Event. What was happening for you during the event we just listened to?

a. What were you feeling?

b. What were you doing or trying to do?

c. What was going through your mind? (What were you thinking?)

12. Describe the Most Helpful Things About Event.
a. What did your therapist do during the event that stands out in your mind as helpful?
- b. What did you do during the event that stands out in your mind as helpful to you?
13. Describe Impact on You. How did this event affect you? What impact did it have on you at the time? (Has it had any impact as you have listened to it again and thought about it more?)
14. What is the most important idea or feeling you have gotten from this event we have been listening to?
15. Describe Possible Changes Because of Event. Please speculate about what might possibly change for you, because of this event. What specific things might happen for you in the next month or so as a result of this event? [list below; be concise; use first person]
- (a)
- (b)
- (c)

Part C: HELPFULNESS RATINGS

1. Event Helpfulness: How helpful to you was this event?

(Use the scale below. It is OK to give intermediate ratings-- e.g., 7-1/2. If the helpfulness was different at the time from how it seems now, please indicate both ratings.)

HINDERING <-----				Neutral	----->				HELPFUL
1	2	3	4	5	6	7	8	9	
-----	-----	-----	-----	-----	-----	-----	-----	-----	
E	G	M	S		S	M	G	E	
X	R	O	L		L	O	R	X	
T	E	D	I		I	D	E	T	
R	A	E	G		G	E	A	R	
E	T	R	H		H	R	T	E	
M	L	A	T		T	A	L	M	
E	Y	T	L		L	T	Y	E	
L		E	Y		Y	E		L	
Y		L				L		Y	
		Y				Y			

2. Helpfulness of Therapist Responses: How helpful were the things your therapist said or did during the event?

HINDERING <-----				Neutral	----->				HELPFUL
1	2	3	4	5	6	7	8	9	
-----	-----	-----	-----	-----	-----	-----	-----	-----	
E	G	M	S		S	M	G	E	
X	R	O	L		L	O	R	X	
T	E	D	I		I	D	E	T	
R	A	E	G		G	E	A	R	
E	T	R	H		H	R	T	E	
M	L	A	T		T	A	L	M	
E	Y	T	L		L	T	Y	E	
L		E	Y		Y	E		L	
Y		L				L		Y	
		Y				Y			

3. Helpfulness of Client Responses. How helpful to you were the things you said or did during that event?

HINDERING <-----				Neutral	----->				HELPFUL
1	2	3	4	5	6	7	8	9	
E	G	M	S		S	M	G	E	
X	R	O	L		L	O	R	X	
T	E	D	I		I	D	E	T	
R	A	E	G		G	E	A	R	
E	T	R	H		H	R	T	E	
M	L	A	T		T	A	L	M	
E	Y	T	L		L	T	Y	E	
L		E	Y		Y	E		L	
Y		L				L		Y	
		Y				Y			

Part D: IMPACT OF EVENT:

Instructions. Please think for a moment to yourself about how the event affected you. On the next three pages are items describing different ways in which therapy events can affect clients. Please rate the extent to which each of these impacts or effects occurred for you as a result of this event. Keeping your experience of the event in mind, try to match the descriptions in each item with the impacts you felt. Then, rate on the basis of the description which best matches your experience, and indicate which description that is. Sometimes these different types of impact can be difficult to tease apart, so make sure you understand the items before rating them and make sure each matches your experience. Use the scale at the top of each page for your ratings.

Not at all Slightly Somewhat Pretty much Very much
1 2 3 4 5

1 2 3 4 5 1. REALIZED SOMETHING NEW ABOUT SELF. I got an insight about myself or understood something new about me. I saw a new connection or saw why I did or felt something. (Note: There must be a sense of "newness" about yourself.)

1 2 3 4 5 2. REALIZED SOMETHING NEW ABOUT SOMEONE ELSE. I got an insight about another person; understood something new about someone else or people in general. (There must be a sense of "newness" about someone else.)

1 2 3 4 5 3. MORE AWARE OR CLEARER ABOUT FEELINGS, EXPERIENCES. I got more in touch with my feelings, thoughts, memories or other experiences. I became more aware of experiences which I had been avoiding. What I was really feeling or trying to say became clearer. (Note: Refers to becoming clearer about what one is feeling, rather than why one is feeling something.)

1 2 3 4 5 4. DEFINITION OF PROBLEMS FOR ME TO WORK ON. I got a clearer sense of what I need to change in my life or what I need to work toward in therapy; what my goals are.

1 2 3 4 5 5. PROGRESS TOWARDS KNOWING WHAT TO DO ABOUT PROBLEMS. I figured out possible ways of coping with a particular situation or problem. I made a decision or resolved a conflict about what to do; I got up the energy to do something differently.

*CONTENT OF IMPACTS (That is, what specific impacts were about; the idea or feeling.)

Not at all Slightly Somewhat Pretty much Very much
1 2 3 4 5

1 2 3 4 5 6. FELT THERAPIST UNDERSTANDS ME. I felt my therapist really understood what I was saying, or what was going on with me at that moment in the session, or what I'm like as a person.

1 2 3 4 5 7. FELT SUPPORTED OR ENCOURAGED. I felt supported, reassured, confirmed or encouraged by my therapist. I felt better about myself, or started to like myself better. I came to feel more hopeful about myself or my future.

1 2 3 4 5 8. FELT MORE COMFORTABLE. I felt relieved from uncomfortable or painful feelings; I felt less nervous, depressed, guilty or angry about the session or in general.

1 2 3 4 5 9. FELT MORE INVOLVED IN THERAPY OR WORKING HARDER. I got more involved in what I have to do in therapy; my thinking was stimulated; I started working harder. I became more hopeful that what I have to do in therapy will help. I felt I could be more open with my therapist.

1 2 3 4 5 10. FELT CLOSER TO MY THERAPIST. I came to feel that my therapist and I are really working together to help me. I was impressed with my therapist as a person, came to trust, like, respect or admire her/him more. We overcame a problem between us.

*CONTENT OF IMPACTS (That is, what specific impacts were about.)

Not at all Slightly Somewhat Pretty much Very much
1 2 3 4 5

1 2 3 4 5 11. MORE BOTHERED BY UNPLEASANT THOUGHTS OR LIKELY TO PUSH THEM AWAY. It made me think of uncomfortable or painful ideas, memories, or feelings that weren't helpful. It made me push certain thoughts or feelings away or avoid them.

1 2 3 4 5 12. TOO MUCH PRESSURE OR NOT ENOUGH DIRECTION. I felt too much pressure on me to do something, either in the therapy session or outside of it. I felt abandoned by the therapist or too much left on my own.

1 2 3 4 5 13. FELT THERAPIST DOESN'T UNDERSTAND ME. I felt misunderstood; that my therapist just doesn't or can't understand me or what I'm saying. I felt misunderstood just then for a moment, or generally.

1 2 3 4 5 14. FELT ATTACKED OR THAT MY THERAPIST DOESN'T CARE. I felt criticized, judged or put down by her/him. I felt she/he was cold, bored or didn't care about me.

1 2 3 4 5 15. CONFUSED OR DISTRACTED. I felt thrown off or side-tracked from the things which were important to me. I felt confused by what he/she said or did. My therapist interfered with what I was thinking or talking about.

1 2 3 4 5 16. IMPATIENT OR DOUBTING VALUE OF THERAPY. I felt bored or impatient with the progress of therapy or with having to go over the same old things over and over again. I started to feel that my therapy is pointless or not going anywhere.

1 2 3 4 5 17. OTHER IMPORTANT IMPACTS: Please describe and rate any other impacts which may have occurred as a result of this event: _____

18. MOST IMPORTANT IMPACT. Now look back through your ratings and select the most important impact out of the 17 you have just rated.

No.: _____

*CONTENT OF IMPACTS (That is, what specific impacts were about.)

Part E: CLIENT INTENTIONS RATINGS

For the following items, please rate what you were doing during the event; base your rating on the best-fitting description in each item. Use the following rating scale:

Not at all	Slightly	Somewhat	Pretty much	Very much
1	2	3	4	5

1 2 3 4 5 1. I was wanting or trying to get my therapist to do something for me (e.g., give me information, advice, support, explanation, etc.).

1 2 3 4 5 2. I was agreeing with what my therapist said.

1 2 3 4 5 3. I was disagreeing with what my therapist said.

1 2 3 4 5 4. I was trying to describe something to my therapist; put an experience into words.

1 2 3 4 5 5. I was trying to understand something about myself; explore an experience or behavior of mine; see if what the therapist said about me fit.

1 2 3 4 5 6. I was trying to work out what to do about a problem; learn how to do something; see what I thought of a suggestion by my therapist.

1 2 3 4 5 7. I was trying to avoid something I'd rather not deal with or talk about right now.

1 2 3 4 5 8. Other intention(s). (Please describe:) _____

Part F: CLIENT FEELINGS AND OTHER EXPERIENCES RATINGS

For the following items, please rate what you were feeling during the event; base your rating on the word that which fits your experience best. Use the following rating scale:

Not at all	Slightly	Somewhat	Pretty much	Very much
1	2	3	4	5

- 1 2 3 4 5 1. Angry, hostile, critical
- 1 2 3 4 5 2. Sad, down, depressed, hopeless
- 1 2 3 4 5 3. Happy, calm, pleased
- 1 2 3 4 5 4. Anxious, nervous, on edge
- 1 2 3 4 5 5. Powerful, hopeful, active
- 1 2 3 4 5 6. Attracted, close, loving
- 1 2 3 4 5 7. Weak, vulnerable, helpless
- 1 2 3 4 5 8. Other feelings:_____

For the items below, rate the extent to which you were experiencing the following during the event. Use the same rating scale as above.

- 1 2 3 4 5 9. Specific feelings or sensations in your body (e.g., headache, butterflies, hot, etc.)*
- 1 2 3 4 5 10. Mental or visual images, things you pictured in your mind*
- 1 2 3 4 5 11. Mental sentences or comments (things you said to yourself which were different from what you said out loud)*
- 1 2 3 4 5 12. Anything else in the event that you experienced*

*COMMENTS (Please describe:)