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DR. SHERRI BRUCE REGISTERED
PSYCHOLOGIST #1458 INC.
#39-1400 Cowichan Bay Road, Cobble Hill,
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COUPLE TREATMENT AGREEMENT

Name of Client: _____
Name of Client: _____
Address of client: _____
_____.

The Nature of the Treatment: Therapy

Benefits of Therapy

Therapy can help a person to gain new understanding about his or her problems and learn new ways of coping with and solving problems, such as anxiety, anger, depression, parenting or relationship concerns. Therapy can help a person to develop new skills and to change behaviour patterns. Therapy can contribute to an improved ability to cope with stress and difficult situations and can increase understanding of self and others.

Risks of Therapy

We acknowledge that, Dr. Sherri Bruce has advised me that while there are potential benefits to therapy, there is no guarantee of success and that there are potential risks. We have been advised that during counselling emotions and memories **may** be stimulated which can evoke strong feelings and that changes in awareness may alter my self-perceptions and ways of relating to others. We have been advised that the process of personal change can be varied and individual.

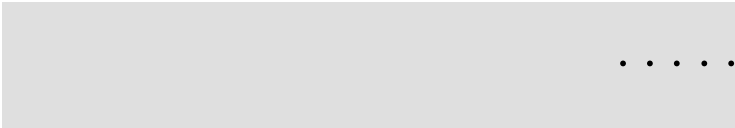
We, _____, & _____ understand that it is important that we mention promptly any concerns or questions to Dr. Sherri Bruce that we may have at any time during the process of therapy.

Sessions

A session usually lasts one hour –sometimes longer. During a session, we will focus on specific issues and work directly at getting solutions using one or using all three theoretical approaches – Solution Focused, Cognitive Behavioural or Gottman Therapy.

We understand that the frequency of sessions and length of treatment will be discussed and are guided by the needs and desires of clients. Many issues or concerns can be addressed in 10 – 12 sessions. Some clients may wish to pursue longer term therapy based on their specific needs and/or goals. Other clients may wish

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to limit their therapy to 1 to 3 sessions to gain insight and develop strategies in addressing their concerns due the goal of therapy or to limited funding issues.

Therapy Strategies

We understand that **Solution Focused** therapy is an approach to psychotherapy based on solution-building rather than problem-solving. It explores current resources and future hopes rather than present problems and past causes and typically involves only three to five sessions.

We understand that **Cognitive Behavioural** therapy can be effective to deal with emotional and behavioural problems. The word “cognitive” means “to know” or “to think”. Therefore, cognitive therapy is exploring your thoughts to understand how you feel and to explain what you do. Cognitive therapy explores the underlying thoughts, beliefs, and values that influence your perceptions that influence your feelings and behaviour.

Gottman Method Couples Therapy

We understand that the Gottman Method was developed by [Dr. John Gottman](#) and his wife Dr. Julie Schwartz Gottman in the 1980s. It is an [evidence-based](#) form of [couple's therapy](#) that strives to assist couples in achieving a deeper sense of understanding, awareness, empathy, and connectedness within their relationships that ultimately leads to heightened [intimacy](#) and interpersonal growth. By combining therapeutic interventions with couple's exercises, this type of therapy helps couples identify and address the natural defenses that hinder effective communication and bonding.

Gottman Method Couples Therapy begins with an assessment process that then informs the therapeutic framework and intervention. An initial session might look like this:

Assessment: Individual interviews with each partner are conducted, followed by a joint assessment of the couple.

Therapeutic Framework: The couple and therapist decide on the frequency and duration of the sessions.

Therapeutic Interventions: An analysis of couple conflict is one example of a therapeutic intervention. The couple enacts a recent conflict and through

observation, the therapist identifies the strengths and problems and implements interventions that aim to improve the couple's communication. The therapist assists the couple in effectively repairing the conflict.

Goals and Principles of the Gottman Method

The principle goals of the Gottman Method Couples Therapy are to disarm conflicting verbal communication, increase intimacy, respect, and affection, remove barriers that create a feeling of stagnancy in conflicting situations, and create a heightened sense of empathy and understanding within the context of the relationship.

Disclosure: While I have taken the training in the Gottman Method of couple's therapy and have become a Certified Gottman Therapist, I want you to know that I am completely independent in providing you with clinical services and I alone am fully responsible for those services. The Gottman Institute or its agents have no responsibility for services you receive.

You may be asked to complete some tasks between sessions.

Consent to Treatment

In knowledge and appreciation of the benefits and risks as made known to us by Dr. Sherri Bruce, and as reflected in this form, we, _____, & _____ hereby give my consent to **participate in therapy** for the purpose of addressing _____.

We further acknowledge that Dr. Sherri Bruce must obtain our informed consent before changing or altering the nature of the treatment or psychological services provided to us _____ & _____ (Clients' initials).

Confidentiality and Limits of Confidentiality

Your sessions are entirely confidential according to the code of ethics of the College of Psychologists of British Columbia. The only legal/ethical exceptions to confidentiality are as follows:

- When a minor is at risk of abuse or neglect, and is unable to seek support and assistance
- When clients are at risk of imminent serious harm to themselves or others
- When you disclose that you have a condition which makes it dangerous to drive, and continues to drive after being warned of the danger
- When you disclose you have an unreported communicable disease?
- If the court orders the disclosure of client records
- When there is a request from the College of Psychologists in the course of an investigation or a registration matter,
- If another licensed health care professional might be a danger to the public if he or she continues to practice (e.g., engaged in sexual conduct).
- When a client discloses that there has been cumulative stress, harassment or bullying in their workplace.

My clinical policy:

- “*Keeping secrets*” policy: Sometimes, one couple shares something (e.g., secret bank account or affair) that the other partner is not aware of with the therapist. I will NOT share your confidence with your partner, but WILL insist that you share it. I will help you prepare; we will explore together your fears about what might happen if your partner learns the truth, and I will support you through this in a compassionate way. Believe it or not, sharing hard stuff is where a lot of the possibility for righting your [relationship](#) lives. When we are keeping secrets from our partners, it is a block to our ability to be open and [intimate](#). The [tensions](#) that might arise when you share the secret may be necessary tensions to help you and your partner see each other more clearly.

We have been advised by Dr. Sherri Bruce that all communications and all records relating to the provision of psychological services to us are confidential and may not be disclosed without our written consent _____ & _____ (Clients’ initials).

We have also been advised by Dr. Sherri Bruce that the law places certain limits on the confidential nature of the psychological services provided to us _____ & _____ (Clients’ initials).

Fees

We, _____ & _____, agree to pay for all psychological services provided to us at the rate of \$300.00 for the initial session of 1.5 hours – if required- and \$200.00 per hour for subsequent session. We agree to pay in full for each session at the beginning of each session unless another arrangement is agreed upon. Dr. Bruce will provide us with a receipt at the time of payment.

All requests for copies of receipts, forms, report, and/or letters will be at a charge (refer to “Fees for Forms” sheet).

Cancelled appointments

We agree that if we cannot make a scheduled appointment that we must provide Dr. Sherri Bruce with at least 24 hours notice. If we fail to do so, we acknowledge and agree that we will be charged, and agree to pay \$200.00 for the missed or cancelled appointment. We understand that we can contact the office by email drsherribruce@gmail.com or telephone number, 250-743-7811 at anytime, 24 hours a day, to make, change or cancel an appointment. If we fail to do so, we acknowledge and agree that we will be charged, and agree to pay \$200.00 for the missed or cancelled appointment. We agree that Dr. Sherri Bruce may use the credit card number on file to pay for that appointment.

Credit Card Number and Type: _____
Name of Credit Card: _____
Expiry Date: _____
Security Code on back of card: _____
Signed: _____

We, _____ & _____, acknowledge that we have had the opportunity to carefully read this document to ask, and have answered, any questions or concerns we have about it or arising from it. We further acknowledge that we have read and understood the information contained in this document, that it records my consent to participate in the counselling process with DR SHERRI BRUCE REGISTERED PSYCHOLOGIST #1458 INC., according to the terms outlined above.

Client: _____ Date: _____
Client: _____ Date: _____
Provider: _____ Date: _____

Please note: Fees paid for psychological services are eligible for inclusion in your medical expense deduction on your income tax. Your extended health benefit plan may provide you reimbursement for fees paid for psychological services. You will be given a receipt for each payment which you should retain for income tax or other claim purposes.