

CHERYL SPARKS, PHD, LPC

Hope & Help for Strength & Healing

175 STRAFFORD AVE, SUITE 360, WAYNE, PA, 19087

INFO@CHERYLSPARKS.COM | 484.467.1156

INFORMED CONSENT

What will professional therapy be like?

With couples, my approach is called Emotionally Focused Couples Therapy (EFT). I will work to understand each of you and what your experience of the relationship is like for you. In the process, we will work to uncover the negative patterns that have derailed your relationship, and seek to replace them with other ones that are more open and caring. A popular book on this approach is *Hold Me Tight*, by Sue Johnson, and *Created for Connection* by Kenneth Sanderfer and Sue Johnson. The goal is to understand the negative pattern of interacting that can leave couples feeling disconnected or stuck and then understanding how to go deeper together to connect with openness and compassion. There is more information at the end of this document in an article entitled "An EFT Roadmap for Couples" which will delineate the process of therapy.

How long will couples therapy last?

Most likely the decision to end will occur naturally as you accomplish your goals and establish a process of growth. The decision to begin and stop therapy is yours alone, and you may do so at any time. The length of therapy varies, of course, from couple to couple, depending on the level of distress of the relationship and the length of time the distress has been present. If the issues are fairly mild, perhaps 8-10 sessions will be enough; most couples find significant improvement in that amount of time, but need more sessions to get to the point of reliably handling their difficulties well and feeling safe and comfortable in the relationship. You should feel free to discuss how you are doing and how you think therapy is going with me at any time. Quite often I will meet individually with each partner one time early in the process to get to know each of you better. I really want to know what it is like to be you in your relationship.

What are your credentials?

I have a master's degree in counseling psychology and a doctoral degree in marriage and family therapy from Eastern University and am a Licensed Professional Counselor in Pennsylvania. I have received advanced training in Emotionally Focused Couples Therapy. I am also a certified clinical trauma professional.

What about insurance?

I am not a participating provider for any insurance plans. You may wish to talk to your insurer to determine whether my services are covered as an out of network provider. I will be happy to provide you with documentation for submitting a claim for reimbursement. You may also elect to use a medical savings account to pay your fees. I accept credit cards, health savings cards and electronic payments.

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What about privacy and confidentiality?

All information shared in this treatment is confidential except in rare or special circumstances, some of which are required by law. These situations include (1) if you express a threat or a serious intent to harm yourself or others; (2) any suspicion of child or elder abuse; (3) a court order to disclose information; (4) contact with a relative or friend in the event that you experience a medical emergency. In keeping with professional standards of quality care, I may share parts of your case (but not your identity) with other therapists who provide consultation to ensure that I provide high quality service, or who may provide coverage when I am unavailable. These professionals are also obligated to protect your privacy. For more details, please see the separate notice of privacy practices.

It is my policy to protect your confidentiality by never friending clients on Facebook or other social networks, even after therapy is finished.

When therapy is for a minor, parents or guardians have a right to know how you are doing. I may discuss with them any concerns or worries I or they have about you, or anything you would like me to discuss with them. The specific things you and I talk about will be confidential unless you ask me to discuss them with your parent/guardian, or unless I believe you to be in danger of harm.

In couples and family therapy, I may occasionally ask to see people individually, but as a general rule, all sessions are done together. Secrets can be a roadblock to progress, so my policy is that any essential information shared with me is to be brought into the open with all the members of the relationship. In this way, each person can be assured that they are not being left out of any important discussions. Some secrets can be so destructive that they can destroy any progress made in therapy, and in these cases, if the secret cannot be shared, we may decide to end therapy for the time being.

At times, we may decide together that tele-health sessions are the most appropriate. In this case, we will use a private, encrypted platform.

Consent for Email Communication

You have the option of communicating with me by email. You should be aware that, while all means of ensuring your privacy will be taken, email communication is not considered fully confidential. Emails are to be used for brief communication and for matters such as rescheduling appointments. They are not to be used in place of therapy. Email communications will not be shared with any party except the client, or their legal guardian, without written permission.

Payment of fees, no-show and cancellation policy:

A couples session is usually 60 minutes. We can decide together whether we need a different format. Payment is due at that time and is payable by cash, check or credit card or electronically. Your visit has been reserved for you. **A 48 hour notice is required for cancellation or you will be charged a late cancellation fee of \$40.00. Full fee is charged**

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for no-shows or cancellations with less than a 24-hour notice. Your pro-rated regular fee will be charged for any additional professional services, such as phone contacts over 10 minutes.

Consent to treatment:

By signing this consent, you agree that you have discussed your questions to your satisfaction and consent to psychotherapy. You agree that you understand that psychotherapy is a cooperative effort between yourself and your therapist, and there is no assurance that you will feel better, although treatment is expected to be helpful. You understand that specific results regarding therapeutic goals are not guaranteed, and that during the course of therapy, some material may be discussed which may be upsetting. Such discussions may be an essential component of treatment and are only undertaken to support the process of resolving problems.

_____ I have been offered a copy of privacy practices.

_____ I have been given a copy of Crisis and Emergency Procedures and understand that in case of an emergency or crisis, I am to call 911 or a crisis number.

Client: _____ Date: _____

Client: _____ Date: _____

Therapist: _____ Date: _____

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CONTACT INFORMATION -Client A

Name _____ Date of Birth _____ Age _____

Home Address _____

City _____ State _____ Zip _____

Email _____ Are you comfortable receiving emails about scheduling at this address? Y N

Preferred Phone Number: _____ Is it okay to leave messages here? _____

Alternate number: _____

Please give the name and number of someone you would like me to contact in case of an emergency:

DEMOGRAPHIC INFORMATION

Religious affiliation or spiritual point of view: _____

How important is faith in your daily life and decisions?

____ Very important ____ Somewhat ____ Not at all

If you would like to, describe how issues of faith impact your couple relationship. _____

Ethnicity / race / national origin _____

Years Together _____ Years Married _____

Children (first names, ages) _____

Occupation _____

MEDICAL INFORMATION

Doctor: _____ Last visit: _____

Please list any medical conditions or diagnoses and medications: _____

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Is this your first time seeing a therapist? Y N If no, please briefly comment on your experience (when, how was it helpful or not helpful): _____

What is the reason you are coming for therapy *now*?

What are your personal goals for therapy / How will you know therapy has worked and you are finished?

Has there been any recent crisis, loss, trauma?

Any large positive events or transitions (births, empty nest, marriages)?

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CONTACT INFORMATION- Client B

Name _____ Date of Birth _____ Age _____

Home Address _____

City _____ State _____ Zip _____

Email _____ Are you comfortable receiving emails about scheduling at this address? Y N

Preferred Phone Number: _____ Is it okay to leave messages here? _____

Alternate number: _____

Please give the name and number of someone you would like me to contact in case of an emergency:

DEMOGRAPHIC INFORMATION

Religious affiliation or spiritual point of view: _____

How important is faith in your daily life and decisions?

____ Very important ____ Somewhat ____ Not at all

If you would like to, describe how issues of faith impact your couple relationship. _____

Ethnicity / race / national origin _____

Years Together _____ Years Married _____

Children (first names, ages) _____

Occupation _____

MEDICAL INFORMATION

Doctor: _____ Last visit: _____

Please list any medical conditions or diagnoses and medications: _____

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Crisis and Emergency Procedures

I am dedicated to assisting you through difficult life transitions through individual, family, or group therapy. However, I have limits to my availability. I do not offer crisis/emergency or on-call services. This means that I am typically unable to provide immediate responses to emergency calls, especially after office hours. After following the emergency procedure below, I encourage you to call me, leave a voice mail, and I will return your call as soon as I am available after becoming aware of the situation.

1. **IN A TRUE EMERGENCY, CALL 911 FIRST.**
2. Call the appropriate **24-hour crisis hotline** below, or call **1-800-SUICIDE (1-800-784-2433)** from anywhere in the US.

Chester County 610-918-2100

Bucks County 215-785-3785

Norristown-Montgomery County 800-452-4189, 610-279-6100

Philadelphia 215-686-4420

Delaware County 610-447-7600, 610-237-4210

3. Please indicate the personal emergency contacts you would like me to call if I believe you to be injured or in danger:

Name /Relationship to client/phone number(s)

Name/Relationship to client/phone number(s)

Client: _____ Date: _____

Client: _____ Date: _____

Therapist: _____ Date: _____

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PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

We have a legal responsibility under the laws of the United States and the Commonwealth of Pennsylvania, and the ethics of my profession to keep your protected health information private. This policy is effective as of January 1, 2010.

Your health information may be disclosed...

- to a family member, a person responsible for your care, or your representative in case of a medical emergency. Only the information required to obtain services will be shared.
- at your request to your physician or other healthcare provider, in order to coordinate treatment. This requires your written consent.
- if you make a serious threat to harm yourself or another person, I must report this threat. I cannot promise never to tell others about threats you make.
- if there is serious suspicion of child or elder abuse.
- if you are suing someone or are being sued, or if you are being charged with a crime, and you tell the court that you are receiving care from me, I may be ordered to share information about your treatment; please consult your attorney in this situation.
- when I consult with other professionals about parts of your case in order to maintain a high standard of care. In this situation, I do not share identifying information about you.
- for educational purposes with all identifying information removed, in my teaching and training of counseling psychology interns, or for research purposes.

This practice will abide by these regulations and your information will not be disclosed for any other purposes without your written request/consent. You have the right to request a restriction on these usages, but we are not obligated to grant these restrictions.

Client: _____ Date: _____

Client: _____ Date: _____

Therapist: _____ Date: _____

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RELEASE FORM REGARDING THE USE OF AUDIO OR VIDEO RECORDINGS

I sometimes tape myself doing sessions for use in therapist training, which is very helpful to my students and to myself in growing as a therapist. Most of the time, I am the only one who watches a session, but I may occasionally show a 5 or 10 minute clip to therapists in training who are bound by the laws and ethics of confidentiality not to discuss any information outside their training setting. Tapes are never shown to any therapists in training who may have contact with either of the clients. If you would be willing to contribute to the training of others in this way, please sign below. This is completely voluntary, of course, and you may change your mind at any time, just by letting me know. I will also erase any particular session you may want to erase—always your choice. If you are willing to entertain this idea, please read and sign below.

I hereby release the material contained in the audio or video recordings of my therapy sessions for use in professional training of therapists. I understand that these recordings will be used only for consultation, educational, or supervisory purposes. Some recorded material will be transcribed and used online in restricted educational sites. The recordings and transcripts will be kept confidential, and password protected.

It is understood that my name will not appear in the materials or in any other materials used in connection with the recordings/transcripts.

I do retain the right to request that a recordings of any specific session or part of a session, be erased immediately and not used for professional training.

I understand that I may sign this document by typing my name on the line below, or request a printed copy. I may also revoke the permission at any time.

Client Signature

Date

Client Signature

Date

Therapist Signature

Date

Beck's Depression Inventory

This depression inventory can be self-scored. The scoring scale is at the end of the questionnaire. Each person should score themselves, separately.

1. 0 I do not feel sad.
1 I feel sad
2 I am sad all the time and I can't snap out of it.
3 I am so sad and unhappy that I can't stand it.
2. 0 I am not particularly discouraged about the future.
1 I feel discouraged about the future.
2 I feel I have nothing to look forward to.
3 I feel the future is hopeless and that things cannot improve.
3. 0 I do not feel like a failure.
1 I feel I have failed more than the average person.
2 As I look back on my life, all I can see is a lot of failures.
3 I feel I am a complete failure as a person.
4. 0 I get as much satisfaction out of things as I used to.
1 I don't enjoy things the way I used to.
2 I don't get real satisfaction out of anything anymore.
3 I am dissatisfied or bored with everything.
5. 0 I don't feel particularly guilty
1 I feel guilty a good part of the time.
2 I feel quite guilty most of the time.
3 I feel guilty all of the time.
6. 0 I don't feel I am being punished.
1 I feel I may be punished.
2 I expect to be punished.
3 I feel I am being punished.
7. 0 I don't feel disappointed in myself.
1 I am disappointed in myself.
2 I am disgusted with myself.
3 I hate myself.
8. 0 I don't feel I am any worse than anybody else.
1 I am critical of myself for my weaknesses or mistakes.

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- 2 I blame myself all the time for my faults.
3 I blame myself for everything bad that happens.
9. 0 I don't have any thoughts of killing myself.
1 I have thoughts of killing myself, but I would not carry them out.
2 I would like to kill myself.
3 I would kill myself if I had the chance.
10. 0 I don't cry any more than usual.
1 I cry more now than I used to.
2 I cry all the time now.
3 I used to be able to cry, but now I can't cry even though I want to.
11. 0 I am no more irritated by things than I ever was.
1 I am slightly more irritated now than usual.
2 I am quite annoyed or irritated a good deal of the time.
3 I feel irritated all the time.
12. 0 I have not lost interest in other people.
1 I am less interested in other people than I used to be.
2 I have lost most of my interest in other people.
3 I have lost all of my interest in other people.
13. 0 I make decisions about as well as I ever could.
1 I put off making decisions more than I used to.
2 I have greater difficulty in making decisions more than I used to.
3 I can't make decisions at all anymore.
14. 0 I don't feel that I look any worse than I used to.
1 I am worried that I am looking old or unattractive.
2 I feel there are permanent changes in my appearance that make me look unattractive
3 I believe that I look ugly.
15. 0 I can work about as well as before.
1 It takes an extra effort to get started at doing something.
2 I have to push myself very hard to do anything.
3 I can't do any work at all.
16. 0 I can sleep as well as usual.
1 I don't sleep as well as I used to.
2 I wake up 1-2 hours earlier than usual and find it hard to get back to sleep.
3 I wake up several hours earlier than I used to and cannot get back to sleep.

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17. 0 I don't get more tired than usual.
1 I get tired more easily than I used to.
2 I get tired from doing almost anything.
3 I am too tired to do anything.
18. 0 My appetite is no worse than usual.
1 My appetite is not as good as it used to be.
2 My appetite is much worse now.
3 I have no appetite at all anymore.
19. 0 I haven't lost much weight, if any, lately.
1 I have lost more than five pounds.
2 I have lost more than ten pounds.
3 I have lost more than fifteen pounds.
20. 0 I am no more worried about my health than usual.
1 I am worried about physical problems like aches, pains, upset stomach, or constipation.
2 I am very worried about physical problems and it's hard to think of much else.
3 I am so worried about my physical problems that I cannot think of anything else.
21. 0 I have not noticed any recent change in my interest in sex.
1 I am less interested in sex than I used to be.
2 I have almost no interest in sex.
3 I have lost interest in sex completely.

INTERPRETING THE BECK DEPRESSION INVENTORY

Now that you have completed the questionnaire, add up the score for each of the twenty-one questions by counting the number to the right of each question you marked. The highest possible total for the whole test would be sixty-three. This would mean you circled number three on all twenty-one questions. Since the lowest possible score for each question is zero, the lowest possible score for the test would be zero. This would mean you circles zero on each question. You can evaluate your depression according to the Table below.

Name Client A _____ Total Score _____

Name Client B _____ Total Score _____

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Levels of Depression

- 1-10 - These ups and downs are considered normal
- 11-16 - Mild mood disturbance
- 17-20 - Borderline clinical depression
- 21-30 - Moderate depression
- 31-40 - Severe depression over
- 40 + - Extreme depression

A PERSISTENT SCORE OF 17 OR ABOVE INDICATES THAT YOU MAY NEED MEDICAL TREATMENT.

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Anxiety Inventory: Please put an "x" in the appropriate column for each symptom.

| | Not at all = 0 | Mildly, but didn't bother me too much = 1 | Moderately - it wasn't pleasant at times = 2 | Severely - it bothered me a lot = 3 |
|---|----------------|---|--|-------------------------------------|
| Numbness or tingling | | | | |
| Feeling hot | | | | |
| Wobbliness in legs | | | | |
| Unable to relax | | | | |
| Fear of worst happening | | | | |
| Heart pounding/racing | | | | |
| Unsteady | | | | |
| Terrified or afraid | | | | |
| Nervous | | | | |
| Feeling of choking | | | | |
| Hands trembling | | | | |
| Shaky / unsteady | | | | |
| Fear of losing control | | | | |
| Difficulty in breathing | | | | |
| Fear of dying | | | | |
| Scared | | | | |
| Indigestion | | | | |
| Faint / lightheaded | | | | |
| Face flushed | | | | |
| Hot/cold sweats | | | | |
| Total of each column x point value of that column | | | | |

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Grand Total Client A: _____

Grand Total Client A: _____

Interpretation

A grand sum between 0 – 21 indicates very low anxiety. That is usually a good thing. However, it is possible that you might be unrealistic in either your assessment which would be denial or that you have learned to “mask” the symptoms commonly associated with anxiety. Too little “anxiety” could indicate that you are detached from yourself, others, or your environment.

A grand sum between 22- 35 indicates moderate anxiety. Your body is trying to tell you something. Look for patterns as to when and why you experience the symptoms described above. For example, if it occurs prior to public speaking and your job requires a lot of presentations you may want to find ways to calm yourself before speaking or let others do some of the presentations. You may have some conflict issues that need to be resolved. Clearly, it is not “panic” time but you want to find ways to manage the stress you feel.

A grand sum that exceeds 36 is a potential cause for concern. Again, look for patterns or times when you tend to feel the symptoms you have circled. Persistent and high anxiety is not a sign of personal weakness or failure. It is, however, something that needs to be proactively treated or there could be significant impacts to you mentally and physically. You may want to consult a counselor if the feelings persist.

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An EFT Roadmap for Couples

Reprinted by permission from the ICEEFT Newsletter: The EFT Community News, 9th ISSUE, 2011
LaDouceur, Ph.D., L.M.F.T. Berkeley, California, & Veronica Kallos-Lilly, Ph.D., R.Psych.

Pat

Sometimes the couples we see wonder, “where they are” in the therapy process. I (Pat) wanted to create something related to Hold Me Tight that would help them see their gains, understand the rough spots, and know what to look forward to. The following is a suggested approach.

Stage 1 – Understand Your Strengths and the Patterns that Keep You Stuck

Step 1: Set goals for counselling; understand some of the ways your relationship history affects your relationship now.

Step 2: Discover and describe the negative patterns of interaction you get stuck in. You and your therapist will track your interactions with your partner and identify where and how your communication breaks down.

Step 3: Emotions are stirred up in your relationship, especially when you get stuck in these negative cycles of interaction. Emotions also drive the cycle. You may first be aware of anger, frustration, anxiety, numbness or even withdrawal. Notice inside what other feelings are beneath these initial feelings, such as hurt, sadness or fear. Begin to share these “underneath” feelings with your partner. It is OK if it feels “bumpy” – it helps diffuse the cycle sometimes, but not always.

Step 4: Describe your cycle and recognize what the triggers are. Understand how the things that you do to protect yourself and your relationship affect and may even threaten your partner. Notice how you co-create the cycle: “we’re doing that thing again...the more I go after you, the more you withdraw because you’re feeling hurt...” Slow down your conversations so that you can tap into the feelings that are beneath the surface. Catch your own thoughts (e.g., “She doesn’t care”

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or “I don’t matter”) before acting on them. You might notice that you can hold back your knee jerk reactions to avoid the cycle. You might not know yet how to pull each other close and you might be afraid the “old way” will come back. However, when you discover that this negative cycle is the source of unhappiness in your relationship, you realize that your partner is not the enemy. You can then work together to gain control over this negative cycle and that already feels infinitely better.

Stage 2 – Create a New, Intimate Relationship Bond; Change Your Communication Patterns

Step 5: Both of you are now able to talk about your feelings that get triggered by the negative cycle; including things you might not have been able to say before. With less friction and more compassion between you, there is safety to explore your experience more deeply. We all have doubts about ourselves at times and may also have fears about depending on others. You may struggle with personal fears or insecurities in this relationship. You may have had life experiences that make it difficult to trust others to be there for you. With the help of your therapist, you can take turns and begin to share these “raw spots” with your partner. As you take these risks, your partner begins to truly see and understand where you are coming from, which creates empathy.

Step 6: This step involves staying engaged and listening to your partner’s disclosures. Your partner may share feelings that take you by surprise. You may feel disoriented or even hurt that you have not heard your partner share so personally like this before. It is OK to experience a mixture of emotions. Start by trying to understand at an emotional level what your partner is saying, without needing to change his/her experience or take responsibility for it yourself. Stay open to the possibility of experiencing and understanding your partner in a new way. Allow yourself to be moved by your partner’s new disclosures.

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Step 7: Explore what helps you feel deeply connected, what is most important for you in this relationship. In this stage of therapy your therapist helps you find ways to ask for your needs in the relationship in a way that is both caring and direct. You can lean into and reach for your partner and he or she is able to reach back in a loving way. You have found a new way to relate when one of you feels stressed, hurt, or insecure. The bond between you shifts, becoming closer and more intimate. You can check out your perceptions and talk about feelings. You can listen with an open heart, be curious about one another and offer reassurance when needed. Both of you have a felt sense of “being there” for each other.

Stage 3 – Use New Communication Patterns to Solve Problems and Maintain Intimacy

Step 8: Revisit old problems or decisions that have been put on hold (e.g., parenting, finances, sex, family issues, health concerns, etc.) while staying emotionally connected. They don't seem as loaded now that you feel heard, valued, close and secure. Focus on staying accessible, responsive, and engaged while talking about practical issues. Together, you can face any of life's challenges more easily.

Step 9: Congratulations! You have reshaped your relationship. Or perhaps this is the first time in your relationship that you have felt a profound bond with one another. You have worked hard to get here, so it's important to celebrate it and put safeguards in place to protect it. Create rituals together that privilege your relationship. Find ways of keeping this new way of relating strong.