Seven Trees Counseling

**Marriage Restoration Intensive**

We have already begun to pray about our time together. We have often been reminded in our own life that when life seems most difficult, most hopeless that’s when God moves in a mighty way. We’re quite sure that your marriage intensive will not solve every concern, but it is our prayer that it is a turning point of great significance.

We want our work to begin even before you arrive. Please attend to these things:

1. The next few pages of this document is information that you’ll need to read, complete, and return to us with signatures.

2. The links to access the assessments will be sent in a separate email. They are the Prepare Enrich Profile, Gottman Relationship Checkup, and the Flag page. These assessments need to be completed before we meet. Each will require about 45 minutes to an hour of your time. We will receive the results and bring them with me to the intensive. The Flag Page takes only 10 to 15 minutes – please email us your results.

3. We do ask that half of the intensive fee be paid (by check) as soon as possible to reserve your date. This is nonrefundable if you cancel by choice. You can pay the balance at the intensive by check (payable to Seven Trees Consulting, Inc.).

May God bless our time together,

Gil and Brenda Stuart

***Intensive Therapy Information***

**Gil Stuart, LMHC and Brenda Stuart, CTC**

You obviously believe that it is time for a change. Something in your life isn’t as you wish. We are honored that you have chosen us to try and help. As we prepare to work together, it is important that you understand as much as possible about the intensive therapy process so please take some time to read the following and complete the attached questionnaires.

**About Us:**

Gil:

I have a Master’s degree in Counseling through Multnomah University in Portland, OR. In general, I provide therapy to individuals, couples, and families regarding a variety of problems and issues. I specialize in working with couples, remarried couples, and stepfamilies. I have co-authored a book with Brenda and have written a variety of marriage and family strengthening resources. We travel nationally to teach, equip and encourage couples.

Please know that while I am capable of handling a variety of individual and relational concerns, I, like all therapists, am not the best therapist for every issue. If I believe someone else can better serve your needs, I will refer you to another therapist. If you have any questions about my scope of practice, please feel free to ask. Please know that I am a Christian therapist and my practice is governed by my Christian beliefs and convictions. If this life perspective does not match your worldview or values, I will be happy to refer you to other counselors in the area that may better serve you. Such a referral is clearly in your best interest as value conflicts in counseling can negatively impact the counseling relationship and your goal of seeking help.

Brenda:

I received my Certificate in Transformational Coaching through Western Seminary. I’ve been involved with marriage resources/events for over 20 years. While co-authoring a book about the stepfamily with Gil, I also offer team building trainings throughout our community. I manage all of our Social media outlets, our Podcast, YouTube Channel and sales of our book and small group marriage resources. We offer marriage coaching via online video to many couples nationally.

**Licensure**

Gil is licensed as a Mental Health Counselor in the state of Washington.

**Risks Involved**

Throughout counseling, there are normal emotions that you may experience. Some of these emotions may feel uncomfortable or abnormal to you but be aware that these are all typical of the counseling process. Examples of these may include:

• Distressing, unresolved memories that may surface

• Reactions during the counseling sessions that neither you nor your therapist anticipated including a high level of emotion or physical sensations.

• Subsequent to the counseling sessions, the processing of incidents/material may continue, and other dreams, memories, flashbacks, feelings, and the like may surface.

• Symptoms/feelings may become worse before they become better.

**Session & Fee Information**

Once we receive your completed assessments, we will customize your intensive schedule to fit your needs. Every intensive we do is unique to the couple.

Intensive fees are $4800 which include:

* 3 days, 8 hours a day of counseling/coaching (with breaks and lunch)
* Breakfast included (if staying at the Oasis House)
* Lunch out with us on Day 1, other 2 days at the Oasis House
* Snacks will be provided throughout the day
* Personalized binder with assessment results, exercises, and added resources
* 1 one-hour follow up session

What is not included:

* Dinner each night
* Transportation (to and from Oasis house and to outside meals)
* Assessments:
* Gottman Relationship Checkup $30
* Prepare Enrich Assessment 35
* Flag Page (2 needed) 50 (for both)

Half of the fee ($2400) is due upon scheduling to secure your date. A check to us is preferred, but we also accept payment through Venmo or a Credit Card, via PayPal or Square. Any Processing fees are additional. The down payment is non-refundable. We can provide you with a receipt by mail if requested. The balance will be due by the second day of the Intensive.

Our address is:

Seven Trees Consulting, Inc.

13108 NE Glory Rd.

Brush Prairie, WA 98606

We generally do not charge for time spent on case notes, session planning, or telephone consultation.

It is important that you understand that the collection of fees for counseling services is a business practice. Please respect this aspect of our relationship so that valuable counseling time does not have to be utilized discussing non-payment of fees.

**Insurance**

We do not file or accept payment from insurance companies. You can submit a receipt to your insurance provider and seek reimbursement. For a variety of reasons, we cannot guarantee that they will reimburse part or your entire claim.

**Confidentiality**

When you receive mental health care, including treatment for substance abuse, information related to that care may be more protected than other forms of health information. Communications with us in treatment are confidential and may not be disclosed without your permission, except as required by law. For example, we must report suspected child abuse (involving children under age 17) whether past or present, elder abuse, and may have to breach confidentiality if you appear to pose an imminent danger to yourself or others, in order to reduce the likelihood of harm to you or others. We are also required to provide records or testimony if ordered to do so by a judge (a court order) or by a grand jury subpoena. Finally, if you report to us having had a sexual relationship with a prior therapist, we must report that to the state credentialing board.

When working with couples we maintain a “no secrets” policy. For example, if one of the partners tells us something that is pertinent to the therapeutic process we reserve the right to share it (or better yet, have you share it) with the other spouse because it handicaps treatment for one partner to withhold information from their partner.

Also, in couple or family therapy all the adults involved need to give consent before client records or confidential information can be shared with anyone (including you). All the adults involved in treatment have the right for their personal information to be kept confidential.

Working with other trained therapists gives us an advantage. On occasion, I may consult with another therapist about your circumstances in order to provide you with the best counsel and care. In these consultations, we do not reveal the identity of our client and the other therapist is bound to keep the circumstances confidential as well.

If you are concerned about the vulnerability of using email or cell phones to communicate please let us know and we will refrain from their use in the management of your case.

**Emergencies**

We are not equipped to be an emergency provider. If you have an emergency, call 911 or the Crisis Intervention Hotline at 1-888-274-7472.

**Inclement Weather Policy**

If inclement weather conditions occur, we will make every effort to meet with you if safe. You are responsible to reschedule the appointment at a later time. Please use your own judgment regarding your safety during all adverse weather conditions.

**Incapacitation or Termination of Practice Plan**

In keeping with national requirements, we have created a plan for your care should we become incapacitated (including disability or death) or terminate our practice. Should this occur, Real Life Counseling Clinic director, Justin Farrell, will take management of your case file.

**Social Media**

In order to protect clients and the therapeutic relationship, it is our practice NOT to “friend” clients on social media.

**Client Information Questionnaire**

Please take the time to complete the questionnaire on the other attachments before coming to your session. This information is important to your care and will help us be prepared for our initial session. Be sure to sign the Professional Disclosure and Client Consent Agreement form or we cannot begin treatment.

**How to Dress**

Dress however you like when you come for your intensive. We will be very comfortable (business casual or most likely jeans).

**Authorization For Clinical Services**

We, the undersigned, request intensive therapy from Gil and Brenda Stuart and hereby authorize them to administer such assessment and treatment as deemed necessary. We understand that treatment will include in session interviews. We also certify that no guarantee or assurance has been made as to the results of outcomes that may be obtained. Assessment/treatment includes the risk of emotional discomfort related to issues discussed during the counseling process. We understand that We are free to discontinue therapy at any time. We are aware that Gil and Brenda cannot handle life or death emergencies and is not available 24 hours a day. After hours, we are requested to call my primary care physician or 911 for an emergency.

**Signatures**

We certify that the information that we have provided on this form is true and accurate. We have read and understand the above rights, authorizations, and responsibilities and have signed below to indicate our agreement with these terms. We have received a copy of Gil’s *Professional Disclosure Statement and Client Consent Agreement* and have signed below to indicate our agreement with its terms.

Client #1 Signature Date

Client #2 Signature Date

Therapist Signature Date

Coach Signature Date