**BRIDGES TRACKING FORM**


Therapist name: _____

Your practice name: _____

Couples will use their street name to retain anonymity in the online survey system (SurveyMonkey).

**Couple's Street Name (e.g., "Main")**
*If not cohabiting, please list both partners' street names:*

_____

Do not put their names on this, but you might write down something on the back of this page that is memorable about them to help you match up the couple correctly if needed.

*This is the only form you should have to complete by paper and fax/email to us (unless a couple prefers paper copies to the online surveys).

| Date of meeting | Did **you** complete the online survey for this meeting? (Y/N) | Did **the couple** complete the online survey? (Y/N) | Honorarium for clinician's work | What to do | For Bridges office only. Check of online data. |
|---|---|---|---|---|---|
| | | | $5 | Just track, unless drop out. | |
| | | | $5 | Just track, unless drop out. | |
| | | | $5 | Just track, unless drop out. | |
| | | | $5 | Just track, unless drop out. | |
| | | | $5 | Just track, unless drop out. | |
| | | | $5 | FAX/ Email this form. Store for your records. | |

**If they cancel**, do not track that here. Only record actual meetings. While **missing an online questionnaire** on rare occasion is understood, the couple is not actually participating in the study if they are not regularly completing the online questions. While we try to be timely with payments, it can take a few weeks to process and send out batches of payments to clinicians. Thank you for your patience. Email us with any questions/comments.

**Send this form after the LAST SESSION (6th session or termination/drop out if before 6th session).**

www.bridgecouples.com

**INSTRUCTIONS FOR THE STUDY**

Thank you for participating in this study. We hope you will enroll up to 10 couples in the study in the course of the coming year. You should have been provided invitation cards and back-up paper packets for several couples. To get more cards and back-up paper packets ask Elizabeth Loewer (bridgecouplesresaerch@gmail.com) for more packets for couples for this study.

1. **Invite** the couple to participate in the study at the beginning of the intake session. (If existing patients, offer at the next session). Answer any questions.

2. If yes, give them the **invitation card** with website address.

3. They need to **complete the consent and intake questionnaires prior** to leaving your office at that meeting. Either before or after the session is acceptable.

**The couple completes a survey each session. Encourage them to complete these surveys before or after each session. Check in with them each time to make sure they are completing the surveys.**

4. As the therapist, go online and complete the **session checklist** for the couple's session after the couple's session. Do this each time you meet with them.

5. Set up and **keep your Tracking Sheet** in a safe place (client's file or your own research study file) so you have a record of which couples are participating, their street name (which is their pseudonym for the study), and dates of sessions as the couples progress through the study. They will likely ask you which session number they are at, and you should cue them when it is session 6 (end of study).

6. At **Session 6** (or termination if prior to session 6), the online SurveyMonkey system will automatically give you and the couple some extra questions.

7. When the research is complete for a couple, **fax or email the completed tracking form** to us, which cues us for payment of your honorarium.

## Consent to be a Research Subject – Clients

| | |
|---|---|
| **Sponsor / Study Title:** | **BYU / "Spiritually integrative couple counseling"** |
| **Principal Investigator:** | **Jennifer Ripley, Ph.D.** |
| **Telephone:** | **757-352-4296 (24 Hours)** |
| **Address:** | **Lifecare Counseling and Coaching**<br>**1601 Jones Franklin Road, Suite 104**<br>**Raleigh, NC 27606** |

Please read this form carefully. Take time to ask the investigator or study staff as many questions about the study as you would like. The investigator or study staff can explain words or information that you do not understand. Reading this form and talking to the investigator or study staff may help you decide whether to take part or not.

**Introduction:** This research study is being conducted by Jennifer Ripley for Lifecare Counseling and Coaching to determine the nature and outcome of spiritually integrated couple therapy. You were invited to participate because you have asked to begin couple therapy in a clinic that provides spiritually integrated couple therapy.

**Procedures:** If you agree to participate in this research study, the following will occur:

- Each week when you come for couple counseling, you will complete online questionnaires on your smartphone, tablet, or a computer about how you are doing personally and in your relationship (5 minutes).
- Your clinician will be able to see how you are doing, and you can talk about it with him or her at any time
- The first session and after 6 sessions, you will be asked a few more questions about yourself and how things are going in counseling (about 8 minutes total).
- From session 7 or more, you are welcome to continue the weekly questions if it is helpful to you and your clinician, but the research study only requests for the first 6 sessions.
- Total time commitment will be 5 minutes per week, except the 1st and 6$^{th}$ session, which is about 8 minutes.

**Risks/Discomforts:** While not expected, it is possible that questions will remind of you of stress in your life. Your counselor can help you if you feel distress, and we encourage you to talk with your counselor about the questionnaire.

**Benefits:** Many clients and their clinicians find it helpful to track how they are doing each week through the time they are in counseling. You might find this helpful for you.

Your participation in this research may help researchers better understand the process of therapy, and how spirituality affects couple counseling.

This study is for research purposes only. The only alternative is to not participate in this study.

**Confidentiality: You will use a pseudonym (fake name) so researchers won't know who you are.** There will be no identifying information from you, or your internet device, collected in the research. Your clinician will know who you are, but the researchers will not know who you are. All published data will be in aggregate (group) form, not individual information.

The data will be stored in a secure password protected online system that is maintained by research staff. That data will not be shared outside of the necessary researchers. There may be a "back up" paper copy of the questionnaire in case of technology problems any given week. If you end up using the paper questionnaire, it will only have your pseudonym on it and will be confidentially faxed, scanned or mailed to the researchers.

Your partner will not have access to your information unless you choose to discuss it or give your username/password to your partner.

The sponsor, the sponsor's representatives, the Department of Health and Human Services, and Chesapeake IRB may have access to the study data.

**Compensation:** There is no compensation or cost to you for your involvement in the study.

**Participation:** Participation in this research study is voluntary. You have the right to withdraw at any time or refuse to participate entirely without jeopardy to your standing with your clinician. There is no penalty or loss of benefits to you. **You will receive the same treatment from your clinician whether or not you decide to participate in this study.**

You may be asked to leave the study without your consent for administrative reasons. If you want to stop taking part in the study, contact the investigator or the study staff at the telephone number listed on the first page of this form.

You will be told about any new information found during the study that may affect whether you want to continue to take part.

**Questions about the Research:** If you have questions regarding this study, you may contact Dr. Ripley at 757-352-4296 or jennrip@regent.edu for further information.

This form has been reviewed by an Institutional Review Board (IRB). Chesapeake IRB reviewed this study to help ensure that your rights and welfare are protected and that this screening is carried out in an ethical manner. If you would like to contact them about your rights as a research subject, their email address is adviser@chesapeakeirb.com and the toll free number is 877-992-4724. The study number is Pro00024233.

**Statement of Consent:** I have read, understood, and received a signed and dated copy of the above consent and desire of my own free will to participate in this study.

Participant Name (Printed): _____ Signature: _____ Date: _____

Participant Name (Printed): _____ Signature: _____ Date: _____

Study Staff Name (Printed): _____ Signature: _____

Date: _____

***Clients, please return forms to your therapist.***
***Therapists, please fax forms to 757-352-4304, or email to bridgecouplesresearch@gmail.com.***

**Couple Questionnaire (INTAKE)** - Female

**Client Pseudonym:** _____ **Date:** _____

**Therapist Last Name:** _____

Your age: _____

When is this survey being taken?
- ❑ Before session
- ❑ After session

Are you a
- ❑ New patient to this therapist
- ❑ Current patient of this therapist
- ❑ Returning patient

My gender is
- ❑ Male
- ❑ Female

Ethnicity:
- ❑ Alaskan Native
- ❑ American Indian
- ❑ African American/Black Asian
- ❑ Asian American
- ❑ Latino/a
- ❑ White/Caucasian
- ❑ Polynesian
- ❑ Multiracial
- ❑ Other (please specify)

  _____

What is your current religious affiliation (if any)?

Job: Are you currently employed?
- ❑ Yes
- ❑ No

Is religion or spirituality important in your life?
- ❑ Yes
- ❑ No

Do you wish to discuss religious or spiritual issues in counseling when it is relevant?
- ❑ Yes
- ❑ No

Do you believe that religion has hurt you or contributed to some of your challenges?
- ❑ Yes
- ❑ No

Are you willing to consider trying religious or spiritual suggestions from your counselor if it appears this could be helpful?
- ❑ Yes
- ❑ No

Relationship Status
- ❑ Not with just one partner
- ❑ One partner
- ❑ Engaged
- ❑ Married

Cohabitation Status
- ❑ We have never lived together
- ❑ We used to live together but not now
- ❑ Living together

Partner's Gender:
- ❑ Female
- ❑ Male
- ❑ Other

**The following are required to match up partner pairs:**

What is your birthday (Date)? _____

What is your partner's birthday (Date)? _____

What is the name of the street you and your partner live on? *(For matching up participants securely, no other address information please)*: _____

If married, what is your anniversary? (Date) _____

If cohabiting, when did you move in together? (Date) _____

| **Select one answer** |  Extremely dissatisfied | Very dissatisfied | Somewhat dissatisfied | Mixed | Somewhat satisfied | Very satisfied |  Extremely satisfied |
|---|---|---|---|---|---|---|---|
| 1. How satisfied are you with your relationship/ marriage? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 2. How satisfied are you with your partner/ husband/wife as a partner/ spouse? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 3. How satisfied are you with your relationship with your partner/ husband/wife? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

| | Not at all Important (1) | (2) | (3) | (4) | (5) | (6) | Extremely Important (7) |
|---|---|---|---|---|---|---|---|
| **How important is your spirituality in your couple counseling?** | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

| **How do you feel about your ability to handle problems in your relationship? Please answer each.** | Strongly Disagree (1) | (2) | (3) | (4) | (5) | (6) | Strongly Agree (7) |
|---|---|---|---|---|---|---|---|
| 1. I have little control over the conflicts that occur between my partner and I. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 2. There is no way I can solve some of the problems in my relationship. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 3. When I put my mind to it I can resolve just about any disagreement that comes up between my partner and I. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 4. I often feel helpless in dealing with the problems that come up in my relationship. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

| **How do you feel about your ability to handle problems in your relationship? Please answer each.** | Strongly Disagree (1) | (2) | (3) | (4) | (5) | (6) | Strongly Agree (7) |
|---|---|---|---|---|---|---|---|
| 5. Sometimes I feel that I have no say over issues that cause conflict between us. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 6. I am able to do the things needed to settle our conflicts. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 7. There is little I can do to resolve many of the important conflicts between my partner and I. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

**Think of a hurt, offense or painful event in your relationship. Typically this is something you will be working on in couple therapy to address. Briefly describe here:**

| **Think of your current emotions <u>toward your partner</u> regarding that hurt. Indicate the degree to which you agree or disagree with the following statements.** | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
|---|---|---|---|---|---|
| 1. I care about him or her. | ☐ | ☐ | ☐ | ☐ | ☐ |
| 2. I no longer feel upset when I think of him or her. | ☐ | ☐ | ☐ | ☐ | ☐ |
| 3. I'm bitter about what he or she did to me. | ☐ | ☐ | ☐ | ☐ | ☐ |
| 4. I feel sympathy toward him or her. | ☐ | ☐ | ☐ | ☐ | ☐ |
| 5. I'm mad about what happened. | ☐ | ☐ | ☐ | ☐ | ☐ |
| 6. I like him or her. | ☐ | ☐ | ☐ | ☐ | ☐ |
| 7. I resent what he or she did to me. | ☐ | ☐ | ☐ | ☐ | ☐ |
| 8. I feel love toward him or her. | ☐ | ☐ | ☐ | ☐ | ☐ |

| **During this past week…** | Never | Rarely | Sometimes | Frequently | Almost always | Always |
|---|---|---|---|---|---|---|
| I felt irritated and angry towards others. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| I felt hurt or disappointed by how my loved ones or friends behaved. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| I felt misunderstood by my loved ones and friends. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| I felt concerned about my relationships (with family, partner/spouse, and/or friends). | ☐ | ☐ | ☐ | ☐ | ☐ | ☐` |
| I felt accepted by my friends and loved ones. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐` |
| I felt sad about how I acted toward my loved ones or friends | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

| **During this past week…** | Never | Rarely | Sometimes | Frequently | Almost always | Always |
|---|---|---|---|---|---|---|
| I felt sad or depressed. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| I felt worried, agitated, fearful, or tense. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| I felt worthless or "not good enough." | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| I felt powerless or stuck in my problems. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| I thought about past personal failures/mistakes. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| I had difficulty concentrating or remaining focused on a task. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| I had thoughts or images that I couldn't get out of my head. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

| **During this past week…** | Never | Rarely | Sometimes | Frequently | Almost always | Always |
|---|---|---|---|---|---|---|
| I felt concerned about my religious or spiritual life. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| I felt a loss of inspiration or spiritual direction. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| I felt distant in my relationship with God or my Higher Power. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| I felt guilt and regrets over mistakes that were inconsistent with my religious beliefs. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

Are there any spirituality practices that you are using as part of your couples counseling/ relationship improvement?

**Couple Questionnaire (INTAKE)** - Male

**Client Pseudonym:** _____ **Date:** _____

**Therapist Last Name:** _____

Your age: _____

When is this survey being taken?
- ❑ Before session
- ❑ After session

Are you a
- ❑ New patient to this therapist
- ❑ Current patient of this therapist
- ❑ Returning patient

My gender is
- ❑ Male
- ❑ Female

Ethnicity:
- ❑ Alaskan Native
- ❑ American Indian
- ❑ African American/Black Asian
- ❑ Asian American
- ❑ Latino/a
- ❑ White/Caucasian
- ❑ Polynesian
- ❑ Multiracial
- ❑ Other (please specify)

  _____

What is your current religious affiliation (if any)?

Job: Are you currently employed?
- ❑ Yes
- ❑ No

Is religion or spirituality important in your life?
- ❑ Yes
- ❑ No

Do you wish to discuss religious or spiritual issues in counseling when it is relevant?
- ❑ Yes
- ❑ No

Do you believe that religion has hurt you or contributed to some of your challenges?
- ❑ Yes
- ❑ No

Are you willing to consider trying religious or spiritual suggestions from your counselor if it appears this could be helpful?
- ❑ Yes
- ❑ No

Relationship Status
- ❑ Not with just one partner
- ❑ One partner
- ❑ Engaged
- ❑ Married

Cohabitation Status
- ❑ We have never lived together
- ❑ We used to live together but not now
- ❑ Living together

Partner's Gender:
- ❑ Female
- ❑ Male
- ❑ Other

**The following are required to match up partner pairs:**

What is your birthday (Date)? _____

What is your partner's birthday (Date)? _____

What is the name of the street you and your partner live on? *(For matching up participants securely, no other address information please)*: _____

If married, what is your anniversary? (Date) _____

If cohabiting, when did you move in together? (Date) _____

| **Select one answer** |  Extremely dissatisfied | Very dissatisfied | Somewhat dissatisfied | Mixed | Somewhat satisfied | Very satisfied |  Extremely satisfied |
|---|---|---|---|---|---|---|---|
| 1. How satisfied are you with your relationship/ marriage? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 2. How satisfied are you with your partner/ husband/wife as a partner/ spouse? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 3. How satisfied are you with your relationship you're your partner/ husband/wife? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

| | Not at all Important (1) | (2) | (3) | (4) | (5) | (6) | Extremely Important (7) |
|---|---|---|---|---|---|---|---|
| **How important is your spirituality in your couple counseling?** | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

| **How do you feel about your ability to handle problems in your relationship? Please answer each.** | Strongly Disagree (1) | (2) | (3) | (4) | (5) | (6) | Strongly Agree (7) |
|---|---|---|---|---|---|---|---|
| 1. I have little control over the conflicts that occur between my partner and I. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 2. There is no way I can solve some of the problems in my relationship. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 3. When I put my mind to it I can resolve just about any disagreement that comes up between my partner and I. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 4. I often feel helpless in dealing with the problems that come up in my relationship. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

| **How do you feel about your ability to handle problems in your relationship? Please answer each.** | Strongly Disagree (1) | (2) | (3) | (4) | (5) | (6) | Strongly Agree (7) |
|---|---|---|---|---|---|---|---|
| 5. Sometimes I feel that I have no say over issues that cause conflict between us. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 6. I am able to do the things needed to settle our conflicts. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 7. There is little I can do to resolve many of the important conflicts between my partner and I. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

**Think of a hurt, offense or painful event in your relationship. Typically this is something you will be working on in couple therapy to address. Briefly describe here:**

| **Think of your current emotions <u>toward your partner</u> regarding that hurt. Indicate the degree to which you agree or disagree with the following statements.** | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
|---|---|---|---|---|---|
| 1. I care about him or her. | ☐ | ☐ | ☐ | ☐ | ☐ |
| 2. I no longer feel upset when I think of him or her. | ☐ | ☐ | ☐ | ☐ | ☐ |
| 3. I'm bitter about what he or she did to me. | ☐ | ☐ | ☐ | ☐ | ☐ |
| 4. I feel sympathy toward him or her. | ☐ | ☐ | ☐ | ☐ | ☐ |
| 5. I'm mad about what happened. | ☐ | ☐ | ☐ | ☐ | ☐ |
| 6. I like him or her. | ☐ | ☐ | ☐ | ☐ | ☐ |
| 7. I resent what he or she did to me. | ☐ | ☐ | ☐ | ☐ | ☐ |
| 8. I feel love toward him or her. | ☐ | ☐ | ☐ | ☐ | ☐ |

| **During this past week…** | Never | Rarely | Sometimes | Frequently | Almost always | Always |
|---|---|---|---|---|---|---|
| I felt irritated and angry towards others. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| I felt hurt or disappointed by how my loved ones or friends behaved. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| I felt misunderstood by my loved ones and friends. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| I felt concerned about my relationships (with family, partner/spouse, and/or friends). | ☐ | ☐ | ☐ | ☐ | ☐ | ☐` |
| I felt accepted by my friends and loved ones. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐` |
| I felt sad about how I acted toward my loved ones or friends | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

***Clients, please return forms to your therapist.***
***Therapists, please fax forms to 757-352-4304, or email to <u>bridgecouplesresearch@gmail.com.</u>***

| **During this past week…** | Never | Rarely | Sometimes | Frequently | Almost always | Always |
|---|---|---|---|---|---|---|
| I felt sad or depressed. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| I felt worried, agitated, fearful, or tense. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| I felt worthless or "not good enough." | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| I felt powerless or stuck in my problems. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| I thought about past personal failures/mistakes. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| I had difficulty concentrating or remaining focused on a task. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| I had thoughts or images that I couldn't get out of my head. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

| **During this past week…** | Never | Rarely | Sometimes | Frequently | Almost always | Always |
|---|---|---|---|---|---|---|
| I felt concerned about my religious or spiritual life. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| I felt a loss of inspiration or spiritual direction. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| I felt distant in my relationship with God or my Higher Power. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| I felt guilt and regrets over mistakes that were inconsistent with my religious beliefs. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

Are there any spirituality practices that you are using as part of your couples counseling/ relationship improvement?

## Therapist Session Checklist (TSC 2.0)

**Therapist Name:**_____ **Session Date:**_____

**Couple's Pseudonyms**: _____ **&** _____

**When is your next appointment with this couple?** Date _____

**What therapeutic approach(es) did you use in today's session? Please check all that apply.**

- ❑ Acceptance and Commitment Therapy
- ❑ Adlerian
- ❑ Behavior Therapy
- ❑ Client-Centered
- ❑ Cognitive-Behavioral
- ❑ Couples Therapy
- ❑ Diagnostic Interview and Assessment
- ❑ Existential Therapy
- ❑ Gestalt
- ❑ Family Therapy
- ❑ Group Therapy
- ❑ Interpersonal
- ❑ Multicultural
- ❑ Narrative Therapy
- ❑ Psychoanalysis
- ❑ REBT
- ❑ Reality Therapy
- ❑ Solution-Focused
- ❑ Spiritual-Theistic
- ❑ Strategic/Structural/Systemic
- ❑ Relational/Psychodynamic
- ❑ Emotion-Focused
- ❑ Christian Counseling
- ❑ Spiritual-Integrated
- ❑ Transpersonal
- ❑ Other _____

**What spiritual interventions did you use or encourage today? Please check all that apply.**

- ❑ Affirmed client's divine worth
- ❑ Encouraged acceptance of God's love
- ❑ Encouraged listening to the heart
- ❑ Affirmed client confession/repentance
- ❑ Encouraged personal prayer
- ❑ Discussed forgiveness
- ❑ Used religious bibliotherapy
- ❑ Used spiritual assessment
- ❑ Used spiritual confrontation
- ❑ Encouraged spiritual journal writing
- ❑ Encouraged spiritual meditation
- ❑ Engaged in spiritual relaxation or imagery
- ❑ Encouraged spiritual self-disclosure
- ❑ As therapist, engaged in silent prayer
- ❑ Affirmed trusting God
- ❑ Referred to religious community
- ❑ Encouraged charitable service
- ❑ Discussed gratitude
- ❑ Discussed compassion
- ❑ Discussed hope
- ❑ Discussed self-control
- ❑ Discussed humility
- ❑ Listened to spiritual issues
- ❑ Discussed the spiritual dimensions of problems and solutions
- ❑ Explored religious questions and doubts
- ❑ Explored questions about ultimate meaning
- ❑ Helped in discerning God's will
- ❑ Clarified thoughts about evil
- ❑ Encouraged reconciling beliefs in God with pain and suffering
- ❑ Identified pathways to God or the sacred
- ❑ Other_____

***Clients, please return forms to your therapist.***
***Therapists, please fax forms to 757-352-4304, or email to bridgecouplesresearch@gmail.com.***

**What counseling topics or issues did you and your client work on today? Check all that apply.**

- ❑ Abuse: emotional
- ❑ Abuse: physical
- ❑ Abuse: sexual
- ❑ Academics
- ❑ Addictions
- ❑ Alcohol/drug use
- ❑ Career/life planning
- ❑ Child rearing/parenting
- ❑ Cultural diversity
- ❑ Discrimination
- ❑ Eating/body image
- ❑ Emotions: affiliation (love, liking)
- ❑ Emotions: destruction (rage, anger)
- ❑ Emotions: exploration (anticipation, curiosity)
- ❑ Emotions: orientation (surprise, confusion)
- ❑ Emotions: protection (panic, anxiety)
- ❑ Emotions: reintegration (grief, depression)
- ❑ Emotions: rejection (disgust, dislike)
- ❑ Emotions: self-affirmation (joy, serenity)
- ❑ Employment
- ❑ Infidelity/ Affair
- ❑ Legal concerns
- ❑ Living conditions/housing
- ❑ Moral/ethical concerns
- ❑ Perfectionism
- ❑ Physical health
- ❑ Political issues
- ❑ Problem management/coping
- ❑ Relationships: co-workers/supervisor
- ❑ Relationships: family of origin
- ❑ Relationships: friends/acquaintances
- ❑ Relationships: marriage/partner/dating
- ❑ Relationships: other
- ❑ Religion/spirituality
- ❑ Self-esteem/identity
- ❑ Self-injury
- ❑ Sexuality
- ❑ Sleep disturbance
- ❑ Suicide
- ❑ Therapeutic relationship
- ❑ Therapy progress
- ❑ Violence

**Please check what your *three or four* most important therapeutic intentions were for the therapy session you just completed.**

- ❑ Identify and/or provide feedback about client behaviors
- ❑ Challenge thoughts, emotions, or behaviors
- ❑ Explore ways to change
- ❑ Elaborate on vague/contradictory content
- ❑ Identify problematic thought patterns
- ❑ Facilitate catharsis
- ❑ Explore/deepen emotions
- ❑ Focus the session
- ❑ Gather information
- ❑ Give information/ psychoeducation
- ❑ Facilitate insight
- ❑ Instill hope
- ❑ Recognize and/or reinforce positive change
- ❑ Work through resistance
- ❑ Increase self-control
- ❑ Set expectations for treatment
- ❑ Create a supportive environment
- ❑ Work through ruptures in the therapeutic relationship

**Couple Questionnaire (Paper Back-Up Version for WEEKLY)** - Female

**Client Pseudonym:** _____ **Date:** _____

**Therapist Name:** _____

When is this survey being taken?

- ❑ Before session
- ❑ After session

| **Select one answer** |  Extremely dissatisfied | Very dissatisfied | Somewhat dissatisfied | Mixed | Somewhat satisfied | Very satisfied |  Extremely satisfied |
|---|---|---|---|---|---|---|---|
| 1. How satisfied are you with your relationship/ marriage? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 2. How satisfied are you with your partner/ husband/wife as a partner/ spouse? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 3. How satisfied are you with your relationship with your husband/wife/ partner? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

| **During this past week…** | Never | Rarely | Sometimes | Frequently | Almost always | Always |
|---|---|---|---|---|---|---|
| I felt irritated and angry towards others. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| I felt hurt or disappointed by how my loved ones or friends behaved. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| I felt misunderstood by my loved ones and friends. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| I felt concerned about my relationships (with family, partner/spouse, and/or friends). | ☐ | ☐ | ☐ | ☐ | ☐ | ☐` |
| I felt accepted by my friends and loved ones. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐` |
| I felt sad about how I acted toward my loved ones or friends | ☐ | ☐ | ☐ | ☐ | ☐ | ☐` |

***Clients, please return forms to your therapist.***
***Therapists, please fax forms to 757-352-4304, or email to bridgecouplesresearch@gmail.com.***

| **During this past week…** | Never | Rarely | Sometimes | Frequently | Almost always | Always |
|---|---|---|---|---|---|---|
| I felt sad or depressed. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| I felt worried, agitated, fearful, or tense. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| I felt worthless or "not good enough." | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| I felt powerless or stuck in my problems. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| I thought about past personal failures/mistakes. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| I had difficulty concentrating or remaining focused on a task. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| I had thoughts or images that I couldn't get out of my head. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

| **During this past week…** | Never | Rarely | Sometimes | Frequently | Almost always | Always |
|---|---|---|---|---|---|---|
| I felt concerned about my religious or spiritual life. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| I felt a loss of inspiration or spiritual direction. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| I felt distant in my relationship with God or my Higher Power. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| I felt guilt and regrets over mistakes that were inconsistent with my religious beliefs. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

**Couple Questionnaire (Paper Back-Up Version for WEEKLY)** - Male

**Client Pseudonym:** _____ **Date:** _____

**Therapist Name:** _____

When is this survey being taken?

- ❑ Before session
- ❑ After session

| **Select one answer** |  Extremely dissatisfied | Very dissatisfied | Somewhat dissatisfied | Mixed | Somewhat satisfied | Very satisfied |  Extremely satisfied |
|---|---|---|---|---|---|---|---|
| 1. How satisfied are you with your relationship/ marriage? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 2. How satisfied are you with your partner/ husband/wife as a partner/ spouse? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 3. How satisfied are you with your relationship with your husband/wife/ partner? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

| **During this past week…** | Never | Rarely | Sometimes | Frequently | Almost always | Always |
|---|---|---|---|---|---|---|
| I felt irritated and angry towards others. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| I felt hurt or disappointed by how my loved ones or friends behaved. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| I felt misunderstood by my loved ones and friends. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| I felt concerned about my relationships (with family, partner/spouse, and/or friends). | ☐ | ☐ | ☐ | ☐ | ☐ | ☐` |
| I felt accepted by my friends and loved ones. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐` |
| I felt sad about how I acted toward my loved ones or friends | ☐ | ☐ | ☐ | ☐ | ☐ | ☐` |

| **During this past week…** | Never | Rarely | Sometimes | Frequently | Almost always | Always |
|---|---|---|---|---|---|---|
| I felt sad or depressed. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| I felt worried, agitated, fearful, or tense. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| I felt worthless or "not good enough." | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| I felt powerless or stuck in my problems. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| I thought about past personal failures/mistakes. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| I had difficulty concentrating or remaining focused on a task. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| I had thoughts or images that I couldn't get out of my head. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

| **During this past week…** | Never | Rarely | Sometimes | Frequently | Almost always | Always |
|---|---|---|---|---|---|---|
| I felt concerned about my religious or spiritual life. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| I felt a loss of inspiration or spiritual direction. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| I felt distant in my relationship with God or my Higher Power. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| I felt guilt and regrets over mistakes that were inconsistent with my religious beliefs. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

**Couple Questionnaire (6th Session)** – Female
**This is for 6th time taking this questionnaire for the study only**

**Date of Session:** _____

**Therapist name:** _____

What is the name of the street/s you and your partner live on?: _____
What is your birthday (Date)? _____
What is your partner's birthday (Date)? _____
Your gender? Female Male Other _____

| **Select one answer** |  Extremely dissatisfied | Very dissatisfied | Somewhat dissatisfied | Mixed | Somewhat satisfied | Very satisfied |  Extremely satisfied |
|---|---|---|---|---|---|---|---|
| 1. How satisfied are you with your relationship/ marriage? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 2. How satisfied are you with your partner/ husband/wife as a partner/ spouse? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 3. How satisfied are you with your relationship with your partner/ husband/wife? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

| **How do you feel about your ability to handle problems in your relationship? Please answer each.** | Strongly Disagree (1) | (2) | (3) | (4) | (5) | (6) | Strongly Agree (7) |
|---|---|---|---|---|---|---|---|
| 1. I have little control over the conflicts that occur between my partner and I. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 2. There is no way I can solve some of the problems in my relationship. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 3. When I put my mind to it I can resolve just about any disagreement that comes up between my partner and I. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 4. I often feel helpless in dealing with the problems that come up in my relationship. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 5. Sometimes I feel that I have no say over issues that cause conflict between us. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 6. I am able to do the things needed to settle our conflicts. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 7. There is little I can do to resolve many of the important conflicts between my partner and I. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

**Think of a hurt, offense or painful event in your relationship. Typically this is something you will be working on in couple therapy to address. Briefly describe here:**

| **Think of your current emotions <u>toward your partner</u> regarding that hurt. Indicate the degree to which you agree or disagree with the following statements.** | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
|---|---|---|---|---|---|
| 1. I care about him or her. | ☐ | ☐ | ☐ | ☐ | ☐ |
| 2. I no longer feel upset when I think of him or her. | ☐ | ☐ | ☐ | ☐ | ☐ |
| 3. I'm bitter about what he or she did to me. | ☐ | ☐ | ☐ | ☐ | ☐ |
| 4. I feel sympathy toward him or her. | ☐ | ☐ | ☐ | ☐ | ☐ |
| 5. I'm mad about what happened. | ☐ | ☐ | ☐ | ☐ | ☐ |
| 6. I like him or her. | ☐ | ☐ | ☐ | ☐ | ☐ |
| 7. I resent what he or she did to me. | ☐ | ☐ | ☐ | ☐ | ☐ |
| 8. I feel love toward him or her. | ☐ | ☐ | ☐ | ☐ | ☐ |

| **During this past week…** | Never | Rarely | Sometimes | Frequently | Almost always | Always |
|---|---|---|---|---|---|---|
| I felt irritated and angry towards others. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| I felt hurt or disappointed by how my loved ones or friends behaved. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| I felt misunderstood by my loved ones and friends. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| I felt concerned about my relationships (with family, partner/spouse, and/or friends). | ☐ | ☐ | ☐ | ☐ | ☐ | ☐` |
| I felt accepted by my friends and loved ones. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐` |
| I felt sad about how I acted toward my loved ones or friends | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

***Clients, please return forms to your therapist.***
***Therapists, please fax forms to 757-352-4304, or email to <u>bridgecouplesresearch@gmail.com.</u>***

| **During this past week…** | Never | Rarely | Sometimes | Frequently | Almost always | Always |
|---|---|---|---|---|---|---|
| I felt sad or depressed. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| I felt worried, agitated, fearful, or tense. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| I felt worthless or "not good enough." | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| I felt powerless or stuck in my problems. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| I thought about past personal failures/mistakes. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| I had difficulty concentrating or remaining focused on a task. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| I had thoughts or images that I couldn't get out of my head. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

| **During this past week…** | Never | Rarely | Sometimes | Frequently | Almost always | Always |
|---|---|---|---|---|---|---|
| I felt concerned about my religious or spiritual life. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| I felt a loss of inspiration or spiritual direction. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| I felt distant in my relationship with God or my Higher Power. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| I felt guilt and regrets over mistakes that were inconsistent with my religious beliefs. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

| | Not at all Important (1) | (2) | (3) | (4) | (5) | (6) | Extremely Important (7) |
|---|---|---|---|---|---|---|---|
| **How important is your spirituality in your couple counseling?** | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

Any further comments for the researchers about this study or your understanding of spirituality in your couple counseling process?

***Clients, please return forms to your therapist.***
***Therapists, please fax forms to 757-352-4304, or email to bridgecouplesresearch@gmail.com.***

**<u>Couple Questionnaire (6th Session)</u>** – Male
**This is for 6th time taking this questionnaire for the study only**

**Date of Session:** _____

**Therapist name:** _____

What is the name of the street/s you and your partner live on?: _____
What is your birthday (Date)? _____
What is your partner's birthday (Date)? _____
Your gender? Female Male Other _____

| **Select one answer** |  Extremely dissatisfied | Very dissatisfied | Somewhat dissatisfied | Mixed | Somewhat satisfied | Very satisfied |  Extremely satisfied |
|---|---|---|---|---|---|---|---|
| 1. How satisfied are you with your relationship/ marriage? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 2. How satisfied are you with your partner/ husband/wife as a partner/ spouse? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 3. How satisfied are you with your relationship with your partner/ husband/wife? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

| **How do you feel about your ability to handle problems in your relationship? Please answer each.** | Strongly Disagree (1) | (2) | (3) | (4) | (5) | (6) | Strongly Agree (7) |
|---|---|---|---|---|---|---|---|
| 1. I have little control over the conflicts that occur between my partner and I. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 2. There is no way I can solve some of the problems in my relationship. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 3. When I put my mind to it I can resolve just about any disagreement that comes up between my partner and I. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 4. I often feel helpless in dealing with the problems that come up in my relationship. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 5. Sometimes I feel that I have no say over issues that cause conflict between us. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 6. I am able to do the things needed to settle our conflicts. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 7. There is little I can do to resolve many of the important conflicts between my partner and I. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

**Think of a hurt, offense or painful event in your relationship. Typically this is something you will be working on in couple therapy to address. Briefly describe here:**

| **Think of your current emotions <u>toward your partner</u> regarding that hurt. Indicate the degree to which you agree or disagree with the following statements.** | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
|---|---|---|---|---|---|
| 1. I care about him or her. | ☐ | ☐ | ☐ | ☐ | ☐ |
| 2. I no longer feel upset when I think of him or her. | ☐ | ☐ | ☐ | ☐ | ☐ |
| 3. I'm bitter about what he or she did to me. | ☐ | ☐ | ☐ | ☐ | ☐ |
| 4. I feel sympathy toward him or her. | ☐ | ☐ | ☐ | ☐ | ☐ |
| 5. I'm mad about what happened. | ☐ | ☐ | ☐ | ☐ | ☐ |
| 6. I like him or her. | ☐ | ☐ | ☐ | ☐ | ☐ |
| 7. I resent what he or she did to me. | ☐ | ☐ | ☐ | ☐ | ☐ |
| 8. I feel love toward him or her. | ☐ | ☐ | ☐ | ☐ | ☐ |

| **During this past week…** | Never | Rarely | Sometimes | Frequently | Almost always | Always |
|---|---|---|---|---|---|---|
| I felt irritated and angry towards others. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| I felt hurt or disappointed by how my loved ones or friends behaved. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| I felt misunderstood by my loved ones and friends. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| I felt concerned about my relationships (with family, partner/spouse, and/or friends). | ☐ | ☐ | ☐ | ☐ | ☐ | ☐` |
| I felt accepted by my friends and loved ones. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐` |
| I felt sad about how I acted toward my loved ones or friends | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

***Clients, please return forms to your therapist.***
***Therapists, please fax forms to 757-352-4304, or email to <u>bridgecouplesresearch@gmail.com.</u>***

| **During this past week…** | Never | Rarely | Sometimes | Frequently | Almost always | Always |
|---|---|---|---|---|---|---|
| I felt sad or depressed. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| I felt worried, agitated, fearful, or tense. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| I felt worthless or "not good enough." | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| I felt powerless or stuck in my problems. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| I thought about past personal failures/mistakes. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| I had difficulty concentrating or remaining focused on a task. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| I had thoughts or images that I couldn't get out of my head. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

| **During this past week…** | Never | Rarely | Sometimes | Frequently | Almost always | Always |
|---|---|---|---|---|---|---|
| I felt concerned about my religious or spiritual life. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| I felt a loss of inspiration or spiritual direction. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| I felt distant in my relationship with God or my Higher Power. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| I felt guilt and regrets over mistakes that were inconsistent with my religious beliefs. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

| | Not at all Important (1) | (2) | (3) | (4) | (5) | (6) | Extremely Important (7) |
|---|---|---|---|---|---|---|---|
| **How important is your spirituality in your couple counseling?** | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

Any further comments for the researchers about this study or your understanding of spirituality in your couple counseling process?

***Clients, please return forms to your therapist.***
***Therapists, please fax forms to 757-352-4304, or email to bridgecouplesresearch@gmail.com.***

**END OF TREATMENT therapist questions**

**Complete these questions at session 6, or when they stop treatment, whichever comes first.**

**What was the presenting problem for this couple? Circle all that apply.**

| | | | | |
|---|---|---|---|---|
| Spiritual problem | Pre-marital counseling | Parenting issues | Broad and general relationship dissatisfaction | Relationship enrichment |
| Poor intimacy/ emotional distance | Infidelity recovery | Reconciliation after separation | Aggression/ violence | Sexual problem |

Other: please describe

**Did you address any of these spiritual issues or interventions with this case? Circle all**

| | | | | | |
|---|---|---|---|---|---|
| spiritual intimacy with partners | forgiveness of partner | humility | grace | couple prayer and spiritual practices | Use of Scripture |
| judgment or criticism of partner's spirituality | collaboration with spiritual communities | spiritual frameworks for conceptualization of problems and solutions | confronting and attempting to change spiritual beliefs that are harming the relationship such as spiritual one-upmanship | Addressing pride or self-righteousness | Addressing beliefs that the sacred relationship has been permanently violated |

Is there a couple therapy approach or theory that informed your treatment with this couple? If so, which one?

Is there a book or training on couple therapy that informed your approach with this couple? If so, please give name/author or name of training.

Did you assign the couple to read any books in treatment? If so please give the name/author

Did you assign the couple to a religious or church-based relationship class/ group/ program? Name of program?

Do you use your own approach to spiritual integration with couples therapy that you have created? Please describe below.

***Clients, please return forms to your therapist.***
***Therapists, please fax forms to 757-352-4304, or email to bridgecouplesresearch@gmail.com.***