

Statement of Understanding

I understand that the self-exploration and consultation process I have initiated with **Dr.Sara Joy David** may include facing and expressing intense emotions such as fear, anger, grief, loneliness, and powerlessness. I have been alerted to the fact that when these feelings, which have often been controlled or suppressed, surface, there can be a temporary increase in feelings of distress. I am willing to explore these feelings **at the pace that feels best to me** and to seek insight into the messages they bring. I have been informed that there are many techniques for accessing feelings and that I have **the right to agree or disagree to the use of any particular technique**. I also retain the **right to change my mind** and make the choice to discontinue a technique.

Techniques that may be used in the self- exploration process include relaxation exercises, deep breathing, visualization, affirmations, exercises that integrate right and left brain hemisphere functioning, observation of body sensations, thoughts, beliefs and attitudes combined with inquiry into their origins and effects, rescripting core beliefs, therapeutic singing, acquiring and applying communication skills, assertiveness skills, boundary-setting skills, parenting skills, relationship enhancement skills, stress reduction skills and emotional self-care skills.

I have requested that Dr. Sara Joy David facilitate a self- exploration process which is intended to assist me to make sense of my emotional suffering or to gain skills for living more effectively. **This is not a "treatment"**. Neither will my problems be viewed as "symptoms" but rather as "messengers". I will be coming to my own conclusions about my own views and socially sanctioned views of "reality". **My goal is to reclaim my own authority**.

I will be examining the hypothesis that I have, in the past, made some errors in identifying the cause of problems I have experienced. I may choose to revise my perception of "what is wrong". In some instances I may have mistakenly been persuaded that there was something "wrong with me" when there was something " wrong with my situation". In other instances, I may have refused to be accountable for events that my own behaviour brought about.

I recognize that Dr. Sara Joy David is teaching **self-care skills** and considers it the **right and responsibility for every individual to determine the validity of her/his emotions and his/her perception of reality**. My perceptions of myself, or the world around me, may change in this "journey into self" that I am embarking upon. Dr. Sara Joy David will neither authorize changes in my perception of myself and others, nor invalidate these changes and the feelings that surface during the process of self-examination and change. Dr. Sara Joy David's role will be **to facilitate my process** by questioning me, by inviting me to ponder upon and observe my thoughts, feelings and behaviours and by engaging in a dialogue with me.

I have read and discussed the above and agree to periodic reviews of this agreement.

Signature: _____ Date: _____

Witness: _____