



CERTIFICATION TRACK APPLICATION CHECKLIST FOR AUSTRALIA

Please be sure that you've included all of the following in your application packet:

- Certification Track Application Checklist
- Certification Track Application
- Certification Track Payment
- Consultant Request Form
- Consultation Policies and Contract
- Harrassment Policy and Procedure
- Certificate of Completion for Level 1: Bridging the Couple Chasm (Live or Home Study)
- Certificate of Completion for Level 2: Assessment, Intervention, and Co-Morbidities (Live or Home Study)
- Certificate of Completion for Level 3: Practicum Training
- Resume/CV
- Copy of license or certification documentation within your state or country of practice
- Proof of Membership in one of the following organizations:
 - Royal Australian College of General Practitioners (RACGP)
 - Royal Australian & New Zealand College of Psychiatrists (RANZCP)
 - Australian Health Practitioners Regulation Authority (AHPRA)
 - The Australian Association of Social Workers (AASW)
 - Australian Counseling Association (ACA)
 - Australian and New Zealand Association of Psychotherapy (ANZAP)
 - Endorsement as a psychiatric nurse practitioner by the Nursing and Midwifery Board of Australia (NMBA)
- Malpractice Insurance (1M/3M)
- Letter of Recommendation #1
- Letter of Recommendation #2

Please ask two professional references to write on your behalf answering the following questions. Letters should be no longer than a page.

1. How do you know the applicant? How long?
2. Briefly describe any skills, qualifications, strengths, characteristics that you can attest to.
3. Do you have any knowledge of any complaints or actions taken against the applicant?

Incomplete applications will delay your assignment to your Gottman Consultant.



CERTIFICATION TRACK APPLICATION

APPLICANT CONTACT INFORMATION

Name _____

Street Address _____

City _____ State/Prov _____ ZIP/Postal Code _____

Country _____

Home Phone _____ Work Phone _____

Email Address _____

Degrees _____

Languages Spoken _____

CLINICAL OUTPATIENT EXPERIENCE

Tell us in which areas you have clinical outpatient experience and expertise:

Trauma/PTSD

Domestic Violence

Substance Abuse

Affective Disorders

Other: _____

EXPERIENCE AND TRAINING HISTORY

Tell us about your experience and training:

Hours of post-degree therapy experience (approximate):

Individuals 0-100 101-500 501-1000 1001-5000 5000+

Couples 0-100 101-500 501-1000 1001-5000 5000+

Hours of post-degree Gottman Method Therapy experience (approximate):

0-100 101-500 501-1000 1001-5000 5000+

STATEMENT OF INTENT

Briefly describe why you wish to continue training toward Certification:

DESCRIBE YOUR COUPLES PSYCHOTHERAPY & COUPLES EXPERIENCE

Summarize your professional experience including specialized skills and qualifications you have acquired. Describe your view of the professional rewards and challenges of couples treatment. Provide an overview of your professional goals for the next 5 years and plans for using Gottman Method.

DESCRIBE YOUR THERAPEUTIC ORIENTATION

Summarize your therapeutic orientation and how you plan to utilize Gottman Method.

DESCRIBE A PROFESSIONAL CHALLENGE

Summarize a difficult case, your clinical approach and the outcome. What would you do differently? Which of your professional strengths does this case illustrate?

PROFESSIONAL LIABILITY QUESTIONNAIRE

All information checked herein is accurate to the best of my knowledge under the penalty of perjury.

I have a Master's or doctoral degree in a mental health field. YES NO

I am licensed or certified as a mental health professional in my field of study in the state, province or country in which I practice. YES NO

I carry professional liability insurance with a minimum amount of coverage of 1M/3M. YES NO

I have not been convicted of a misdemeanor or felony. YES NO

I have never had any licensing board or professional ethics body require me to surrender my license or been found guilty of a violation of ethics code, professional misconduct, unprofessional conduct, incompetence or negligence in any state, province or country. YES NO

I do not have any complaints, charges, or investigations pending against me by any licensing board or professional ethics body for violation of ethics codes, professional misconduct, unprofessional conduct, incompetence or negligence in any state, province or country. YES NO

I have never had any insurance company or Lloyd's decline, cancel, refuse to renew or accept only on special terms any professional liability insurance. YES NO

I have never had any professional liability claim or suit against me. YES NO

I am not aware of any circumstances which may result in any professional liability claim or suit being made against me. YES NO

I am not engaged in any sexual misconduct with any of my current or former patients or any current or former patient's spouse or any person with a direct relationship to the patient or former patient. YES NO

I have added the following statement to the disclosure statement I give my clients: YES NO

"While I have taken training in the Gottman Method Couples Therapy, I want you to know that I (or my agency, if applicable) 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 the services you receive."

I will notify The Gottman Institute in writing within 30 days if any of the above information or answers change. YES NO

If you cannot certify any of the above statements, please send a written explanation including a description of the circumstance(s) and date(s) to The Gottman Institute at training@gottman.com.

AGREEMENT AND SIGNATURE

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as an applicant, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed) _____

Signature _____

Date _____

THE GOTTMAN INSTITUTE POLICY

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual orientation, age, or physical ability.

Thank you for completing this application form.

Please return this application to: ATTN: Certification Track
 The Gottman Institute
 1401 E. Jefferson Street, Suite 501
 Seattle, WA 98122



CERTIFICATION TRACK PAYMENT

Please return this payment form along with your completed application materials. If you have any questions about the Certification Track, please contact the Professional Development Department at *training@gottman.com* or *1-206-523-9042 ext 2*

BILLING INFORMATION

Name _____

Address _____

City _____ State/Prov. _____ ZIP/Postal Code _____

Country _____

Phone _____ Email _____

FEE: ___ \$675 (NON-REFUNDABLE)

PAYMENT OPTIONS (CHOOSE ONE)

Please **DO NOT SEND CASH – ALL PAYMENTS MUST BE IN U.S. FUNDS.**

Option 1: Payment in full

- By check (payable to The Gottman Institute)
- By bankcard: I authorize my credit card to be charged for \$675

Option 2: Installment Payment

Bankcard only: two payments totaling \$675 (\$337.50 each payment). The first installment will be charged when you receive your Consultant assignment. The second installment payment will be charged approximately 30 days after.

- I authorize my credit card to be charged for two payments of \$337.50, totaling \$675.00.

I am paying with enclosed check or

I am paying with (circle one): Visa MasterCard AmEx

Card Number _____ Exp Date _____

CSV (3 digit number on the back of card) _____

Name as it appears on card (please print) _____

Signature _____ Date _____

OFFICE USE ONLY			
SFA#	Date	Initials	Other



CONSULTANT REQUEST FORM

We will select a Consultant for you based on your preferences, Consultant availability, specialty, and other factors.

Name: _____

Phone: _____

Email: _____

I would prefer:

- Male Consultant Female Consultant No preference
- Group Consultation Individual Consultation Combination of Group and Individual Consultation

List up to three (3) people with whom you might like to be in a group

1. _____

2. _____

3. _____

Please list your top three (3) Consultant choices:

1. _____

2. _____

3. _____

Specific areas of interest / specialty important to you:

For office use only:



CERTIFICATION TRACK AND CONSULTATION CONTRACT

I have read in its entirety the Certification Policies, Terms and Conditions, which serves as the agreement between The Gottman Institute, my assigned Consultant, and myself, for the duration of my association with The Gottman Institute as Consultee in the Certification Program of The Gottman Institute. My signature below represents that I understand and agree to the terms described herein and wish to proceed in entering the Certification Track program and consultation process with The Gottman Institute and my assigned Consultant.

Consultee:

Signature _____ Date _____

Print Name _____

Phone # _____ Email Address _____

Consultant:

Signature _____ Date _____

Print Name _____

TGI Representative:

Signature _____ Date _____

Print Name _____



HARASSMENT POLICY & PROCEDURE

Designee Recipient Confirmation

I acknowledge receipt of the applicable part of The Gottman Institute's Harassment Policies and Procedures and the designee who I can contact for questions or more information:

RECIPIENT

Print Name: _____

Signature: _____

Date: _____

THE GOTTMAN INSTITUTE'S REPRESENTATIVE

Print Name: _____

Signature: _____

Date: _____

Your categorization is (check all that applies):

- Consultee
- Workshop Attendee
- Consultant
- The Gottman Institute's Employee

THE GOTTMAN INSTITUTE COPY

A copy will be provided for your records.

The Gottman Institute, 2008
GARVEY SCHUBERT BARER LAW



FINAL VIDEO SUBMISSION AND REVIEW CHECKLIST

When you submit your videos, please include all of the following:

- Final Video Submission and Review Checklist
- Four segments of video edited onto a DVD or digital storage device such as a memory stick or USB thumb drive, ready to be viewed and clearly labeled Each 15 minute segment should not be heavily spliced because then we cannot see timing and rapport.

Video should include the following:

1. The Four Horsemen
2. Flooding
3. Dream Within Conflict
4. Compromise

Please keep a copy of each video clip.

Please put your name and the name of the segment(s) on each video tape or DVD.

- A brief paragraph giving the context for each tape segment and/or couple. (Please include 2 copies.)
- 100 hours of Gottman Method Clinical Hours Documentation, Gottman Treatment Plan, and Scoring Summary Sheet. (One set for each couple, listing all sessions on the 100 hours form.)
- Two copies** of the Certification Candidate Contact Information form.
- A copy of the signed Therapist Release Attestation. Please do NOT include anything that reveals your clients' names.
- Signed Disclosure Statement for Certified Gottman Therapists

Send all to: ATTN: CERTIFICATION TRACK
The Gottman Institute
1401 E. Jefferson St., Suite 501
Seattle, WA 98122

Please call us at 1-206-523-9042 ext 2 or email training@gottman.com if you have any questions!

You will receive an email to let you know that your tapes have arrived safe and sound. The review process may take 6-8 weeks from when we receive your tapes. You will receive feedback on your tapes from your Consultant.



CERTIFICATION CANDIDATE CONTACT INFORMATION

Please complete this form with your most up-to-date contact information. This is the information we will use to contact you regarding your Certification.

Candidate's
Name:

Address

City

State/
Prov

ZIP/Postal
Code

Country

Phone

Email
address:

Consultant:

For office use only:

Reviewer:

Date:



PERMISSION FOR DIGITALLY RECORDING AND VIDEOTAPING THERAPY SESSIONS

Therapist's Explanation:

As a primary tool in Gottman Method Couples Therapy, and in order to augment your therapy work, I use videotape feedback as part of therapy sessions. This means that I may ask to videotape you during specific dialogues or exercises, or during entire sessions. We will play back these tapes in sessions to help you see patterns of behavior between the two of you and to help you process conflicts. By viewing the videotapes in sessions, it allows us to “stop action” and process how you might approach a conflict in a more productive way. It also allows you to witness your progress as your relationship becomes more satisfying to both of you.

In addition to in-session use, I may wish to use the videotapes to receive consultation from Drs. John or Julie Gottman or an independently practicing clinician who has received training from The Gottman Institute, or to provide such training. This may occur during the time of treatment or thereafter for purposes of peer review, education and quality assurance. During this process, your name will be kept confidential. In addition, all matters discussed in consultations will remain completely confidential within the Gottman Institute staff. The videotapes are not part of your clinical record and will be used for no other purpose without your written permission and they will be erased when they are no longer needed for these purposes.

These tapes are my property and will remain solely in my possession during the course of your therapy. Copies may be sent to the Gottman Institute for the purposes noted above. Should you wish to review these tapes for any reason, we will arrange a session to do so. These materials will remain in locked facilities at all times.

Clients' Agreement

I understand and accept the conditions of this statement and give my permission to have my therapy sessions videotaped or digitally recorded. I understand I may revoke this permission in writing at any time but until I do so it shall remain in full force and effect until the purposes stated above are completed.

Client _____ Date _____
(signature)

Client _____ Date _____
(signature)

Therapist _____ Date _____
(signature)



THERAPIST RELEASE ATTESTATION

I hereby certify that all clients who appear on video tape or DVD have authorized the release of these taped sessions in writing, pursuant to the laws of the state and country in which I practice, for the purposes of peer review, education and consultation by therapists associated with The Gottman Institute. I certify that I have included in the release the particular usages provided by The Gottman Institute found in the "Permission for Digitally Recording and Videotaping Therapy Sessions" form.

Therapist Name _____
(print)

Therapist Name _____ Date _____
(signature)

Clinician: _____ Client ID#: _____ Date: _____

100 Gottman Method Clinical Hours Documentation

Number of Hours: _____

Session Dates: _____

Gottman Interventions:

- | | |
|--|--|
| <input type="checkbox"/> Love Maps | <input type="checkbox"/> Aftermath of a Fight |
| <input type="checkbox"/> Stress-reducing Conversation | <input type="checkbox"/> Gottman-Rapoport Exercise |
| <input type="checkbox"/> "I Appreciate..." Adjective Checklist | <input type="checkbox"/> Internal Working Model |
| <input type="checkbox"/> Gentle Start-up | <input type="checkbox"/> Dan Wile |
| <input type="checkbox"/> Repair Checklist | <input type="checkbox"/> Video Playback |
| <input type="checkbox"/> Four Horsemen | <input type="checkbox"/> 7-Week Guide for Creating Fondness and Admiration |
| <input type="checkbox"/> Flooding | <input type="checkbox"/> Rituals of Connection |
| <input type="checkbox"/> Dreams Within Conflict | <input type="checkbox"/> Meanings Interview |
| <input type="checkbox"/> Compromise | <input type="checkbox"/> Meta Emotion Interview |
| <input type="checkbox"/> Accepting Influence | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Relationship "Poop Detector" | |

By submitting this form, I affirm that the information herein is true and complete. I understand that any false statements, omissions, or other misrepresentations made by me on this form may result in my immediate dismissal from the Gottman Certification Track.

Name (printed) _____

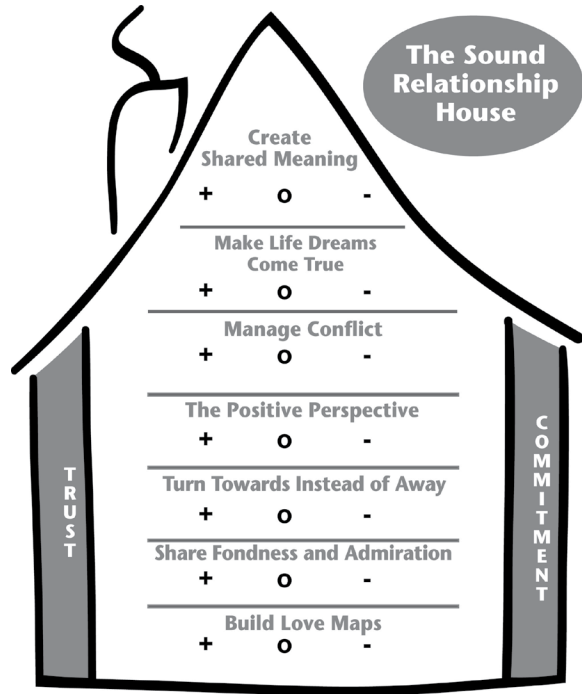
Signature _____

Date _____

Gottman Treatment Plan

Areas of Strength

Notable History:
(abuse, trauma, affairs, family origin, relationship)



Co-morbidities

Presenting Problems:

Preliminary Treatment Goals:

Interpretation guidelines

	Area of Strength	Marginal*	Needs Improvement
SRH +	81 to 100%	61 to 80%	0 to 60%
SRH -	0 to 20%	21 to 40%	41 to 100%
Trust	51 to 100%		0 to 50%
Any items scored as Agree or Strongly Agree indicates need for further evaluation			
Commitment	51 to 100%		0 to 50%
Any item scored as Disagree or Strongly Disagree indicates need for further evaluation			
19 Areas	0 to 20%	21 to 40%	41 to 100%

* When marginal is scored, determine the need for intervention by closely evaluating other clinical data.

Three "Detour" Scales	Area of Strength	Marginal*	Needs Improvement
• Chaos	0 to 20%	21 to 40%	41 to 100%

	Not Emotion Dismissing	Emotion Dismissing
• Meta-Emotion	0 to 20%	20% and more

	Mild negativity / Positive Family History	Indicates need for further evaluation
• Traumatic Family History	0 to 15%	15% and more

EAQ

If on any scale an item is marked True, this indicates an area of concern.

CAGE-AID

Score of 2/4 or greater indicates positive CAGE, need for further evaluation

b-MAST

b-MAST Score	Degree of Problem Alcohol Involvement	Suggested Action
0-3	No problems reported	None at this time
4	Suggestive of alcoholism	Investigate further
5 or more	Indicates alcoholism	Full assessment

Gottman Assessment Scoring Summary

Partner 1 _____ Partner 2 _____

	Cut-off	P1	P2
Locke-Wallace	<85		
Weiss Cerretto	>4		

Sound Relationship House	P1	P2
+ Love Maps		
+ Fondness & Admiration		
+ Turning Towards or Away		
- Neg. Sentiment Override		
- Harsh Start-up		
+ Accepting Influence		
+ Repair Attempts		
+ Compromise		
- Gridlock		
- Four Horsemen		
- Flooding		
- Emotional Disengagement		
+ Sex, Romance & Passion		
+ Shared Meaning - Rituals		
+ Shared Meaning - Goals		
+ Shared Meaning - Roles		
+ Shared Meaning - Symbols		
Trust		
Commitment		

19 Areas Checklist	P1	P2
Staying Emotionally Connected		
Handling Job & Other Stresses		
Handling Disagreement		
Romance & Passion		
Sex Life		
Important & Traumatic Events		
Parenting Issues		
In-laws or Relatives		
Jealousy / Attracted to Others		
Recent Affair		
Unpleasant Fights		
Basic Values & Goals		
Hard Life Events		
Work as a Team		
Power & Influence		
Finances		
Fun Together		
Building Community		
Spirituality		

Three Detour Scales	P1	P2
Chaos		
Meta-Emotion (Emotion Dismissing)		
Family History (Traumatic History)		

Emotional Abuse (EAQ)		P1	P2
Jealousy	1, 3, 4		
Social Isolation	2, 5, 6, 10		
Social Control	7, 8, 9		
Gaslighting	11		
Humiliation	12, 13, 14		
Sexual Coercion	15, 19-21		
Threat or Property Damage	16-18, 22-25		
Total Emotional Abuse Score			

	P1	P2
Control		
Fear		
Suicide Potential		
Acts of Physical Aggression		

SCL-90		Clinical Cut-off	P1	P2
Somatization	So	1.23		
Obsessive-Compulsive	OC	1.18		
Interpersonal Sensitivity	IS	0.96		
Depression	D	1.50		
Anxiety	A	1.24		
Anger-Hostility	AH	0.83		
Phobic Anxiety	PA	0.69		
Paranoid Ideation	PI	1.32		
Psychoticism	Ps	0.76		
Q. 15 End Life				
Q. 63 Urges to Harm				
Q. 3 Unwanted Thoughts				

Drug & Alcohol Screening	P1	P2
CAGE AID		
b-MAST		

Notes:



DISCLOSURE STATEMENT FOR CERTIFIED GOTTMAN THERAPISTS

Introduction:

Congratulations! You have worked very hard, over a long period of time, to become a highly trained and skilled couples therapist. Before you are formally bestowed the title of Certified Gottman Therapist, we need you to understand a few policies pertaining to certification.

In the spirit of full transparency, we want to clearly spell out our policies and procedures for Certified Gottman Therapists in order to minimize misunderstandings and uphold the integrity of the Certified Gottman Therapist designation.

You will become certified when you meet the requirements below. This includes reading and signing this disclosure statement, fulfilling all training requirements and meeting all criteria of the “Terms & Conditions” section. If you are unable to meet all of the “Terms & Conditions” criteria, please provide The Gottman Institute with a written explanation for the criteria you do not meet.

You will be fully certified upon receipt of your official Gottman Certificate.

Certified Gottman Therapist Training:

A Certified Gottman Therapist is an individual who has completed the certification program offered by The Gottman Institute. This program includes completion of the following steps of training:

1. **Level 1—*Bridging the Couple Chasm***— A two-day professional workshop led by Dr. John Gottman and Dr. Julie Schwartz Gottman or by a Certified Gottman Trainer, either in person or via home study.
2. **Level 2—*Assessment and Intervention and Co-Morbidities***— A professional workshop led by Dr. John M. Gottman and Dr. Julie Schwartz Gottman or a Certified Gottman Trainer, either in person or via home study.
3. **Level 3—*Practicum Training***— An advanced professional workshop led by Dr. John Gottman and Dr. Julie Schwartz Gottman or by a Certified Gottman Trainer.

Certification Track— *Consultation*: At least eight individual sessions, 10 hybrid sessions or 12 group sessions of consultation with a Senior Certified Gottman Therapist Consultant.

Video Review: Submit and passing of required video.

Legal & Ethical Practices: Fulfill and sign the “Terms & Conditions” for Certified Gottman Therapists.

Certified Gottman Therapist Title:

When certified, you may refer to yourself as a “Certified Gottman Therapist,” “Gottman Therapist,” “Gottman Trained Therapist,” “Gottman Method Therapist,” or with a name of similar title. The preferred recognized title by The Gottman Institute is, “Certified Gottman Therapist.”

Terms & Conditions

These Terms and Conditions are subject to change without notice at the discretion of The Gottman Institute. By signing this disclosure form, you are agreeing to the Terms and Conditions in its current format. Updates to these Terms and Conditions will be available via electronic media from time to time and are available upon request.

Please check the criteria that you meet below:

- I have a Master’s or doctoral degree in a mental health field.
- I am licensed or certified as a mental health professional in my field of study in the state, province or country in which I practice.
- I carry professional liability insurance with a minimum amount of coverage of 1M/3M.
- I have not been convicted of a misdemeanor or felony.
- I have never had any licensing board or professional ethics body require me to surrender my license or been found guilty of a violation of ethics code, professional misconduct, unprofessional conduct, incompetence or negligence in any state, province or country.
- I do not have any complaints, charges, or investigations pending against me by any licensing board or professional ethics body for violation of ethics codes, professional misconduct, unprofessional conduct, incompetence or negligence in any state, province or country.
- I have never had any insurance company or Lloyd’s decline, cancel, refuse to renew or accept only on special terms any professional liability insurance.
- I have never had any professional liability claim or suit against me.
- I am not aware of any circumstances which may result in any professional liability claim or suit being made against me.
- I am not engaged in any sexual misconduct with any of my current or former patients or any current or former patient’s spouse or any person with a direct relationship to the patient or former patient.
- I will notify The Gottman Institute in writing within 30 days if any of the above information or answers change.

I have added the following statement to the disclosure statement I give my clients:

“While I have taken training in the Gottman Method of couples therapy and have become a Certified Gottman Therapist, I want you to know that I (or my agency, if applicable) 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 the services you receive.”

All information checked herein is accurate to the best of my knowledge under the penalty of perjury.

If you cannot certify any of the above statements, please send a written explanation including a description of the circumstances and date to The Gottman Institute at training@gottman.com.

De-Certification Process:

The Gottman Institute reserves the right revoke certification for the following reasons:

- if the clinician fails to maintain their license or certification to practice independently
- if the clinician fails to maintain professional liability insurance with a minimum amount of coverage of 1M/3M
- if a Disciplinary Board finds against the clinician in any complaint (including non-Gottman Institute clients)
- if The Gottman Institute receives a serious complaint that the Institute credits as having merit
- if a judgment is made against a clinician in a court of law for any misdemeanor or felony
- if The Gottman Institute has reasonable evidence to believe that the clinician is abusing alcohol and/or other drugs
- if The Gottman Institute has reason to believe that the clinician’s functioning is impaired by physical, emotional, mental or other reasons
- if The Gottman Institute has reasonable evidence to believe that the clinician has committed a breach of the American Psychological Association Ethical Principles and Code of Conduct
- if the clinician fails to fulfill agreed upon financial commitments to The Gottman Institute
- if The Gottman Institute has reason to believe that a clinician has failed to exercise that degree of skill, care, and learning expected of a reasonably prudent provider of same specialty under the same or similar circumstances
- if The Gottman Institute has reason to believe that a clinician’s public presentation is inconsistent with the mission, goals and/or ideals of The Gottman Institute or in any way damages our name and reputation
- if the clinician fails to meet the “Terms and Conditions” for Certified Gottman Therapists

Agreement and Signature

By signing this document, I affirm that I have read and agree to the terms and conditions outlined in this agreement. I understand that any false statements, omissions, or other misrepresentations made by me on this agreement may result in the immediate termination of my certification as a Gottman Therapist.

Therapist Name _____
(print)

Therapist Name _____ Date _____
(signature)



Video Reviewer's Form

Video Tape Review For Certification

Evaluation and Tracking

Candidate: _____

Consultant: _____

Reviewer: _____

	1st Submission		2nd Submission		3rd Submission	
	Date:		Date:		Date:	
Four Horsemen						
Flooding						
Dreams Within Conflict						
Compromise						

_____ **CANDIDATE IS READY TO BE CERTIFIED AS A GOTTMAN THERAPIST**

Final Comments:

Reviewer _____ **Date** _____

GENERAL REQUIREMENTS FOR ALL INTERVENTIONS

Successful application of the Gottman Method requires more than meeting the specific criteria for each intervention because interventions occur in a broader therapeutic context. In addition to intervention specific requirements, the Therapist:

- a. Reads and interprets clients' affect appropriately.
- b. Demonstrates respect, empathy and a trusting alliance with both partners.
- c. Avoids taking sides or obvious bias towards or identification with one partner or the other.
- d. Avoids comments, jokes, or attempts at humor and references that might make the couple uncomfortable or which misrepresent the Gottman Method with particular sensitivity to ethnic, racial, gender, sexual orientation and religious considerations.
- e. Avoids inappropriate touch with clients, including in humor.
- f. Chooses an intervention that is appropriate and well-timed that stems from the couple's interaction and the content of their discussion.
- g. Briefly explains the intervention in sensitive, clear language.
- h. Does not argue with the couple about doing the intervention.
- i. Shares relevant, accurate research findings when appropriate.
- j. Does not guarantee success.
- k. Supports the couple, if needed, to facilitate their use of the intervention.
- l. Shows the couple's response to the intervention.
- m. Helps couple succeed in having a second conversation that is healthier than their first conversation.

MISCELLANEOUS NOTES:

- a. The tape of each intervention should be approximately 15 minutes long.
- b. Editing tapes is not allowed unless specifically stated in the criteria for a particular intervention.
- c. If an intervention has been used with a couple before, you still need to provide an explanation of the intervention to demonstrate your ability to explain it accurately and clearly. You could say something like, "As you may recall . . .," then describe the intervention and facilitate them doing it again using the video review criteria. Remember that a review is helpful for the couple to deepen their understanding of the intervention and strengthen their ability to implement the intervention on their own.

FOUR HORSEMEN

PASS: YES ___ NO ___

Note: the requirement for this tape is to show an effective clinical intervention when one of the four horsemen is used in a couple's dyadic process; it is not to show an educational explanation of all four horsemen.

The tape may be less than 15 minutes. However, the tape should show the context of couple's discussion by including a few minutes of their interaction prior to intervention.

The therapist:

- a. Stops the couple's interaction when one member exhibits one of the four horsemen.
- b. Intervenes with a short explanation of why the therapist has stopped them.
- c. Explains the antidote to the relevant horseman clearly and accurately.
- d. Briefly shares relevant, accurate research findings when appropriate.
- e. Coaches the person with an alternative way to express him- or herself using an appropriate antidote.
- f. Re-directs the couple to resume their discussion. The tape should show the couple's conversation for a few minutes after the intervention to demonstrate that the therapist continues to monitor for the four horsemen and intervenes if they re-emerge.

REVIEWER COMMENTS:

FLOODING

PASS: YES ___ NO ___

The therapist:

- a. Identifies when one or both partners are physiologically flooded (and not just upset) and stops the dyadic interaction between the couple. Flooding must be identified by a pulse check. The heart rate may be identified by clients taking their own pulse or through the use of a pulse monitoring device. Their pulse rate must be above 100 (80 if athletic).
- b. Provides a brief explanation of flooding in clear, sensitive language using only a few words. Remember that when one is flooded the ability to listen and retain information is limited.
- c. Intervenes by guiding one or both partners through a relaxation exercise before continuing. Whether both partners are included in the relaxation exercise is a judgment call but the flooded partner must not be negatively labeled. If only one partner participates in the relaxation exercise, support the non-flooded partner to remain quietly present while their partner is relaxing.
- d. Note: The relaxation exercise should be as long as necessary to effectively calm the client(s). Relaxation techniques may include breathing, muscle tensing-relaxing, heaviness, warmth and/or imagery. If the relaxation exercise is lengthy, you may edit out the middle portion. The tape should otherwise be unedited.
- e. Briefly shares relevant, accurate research findings when appropriate.
- f. Supports couple to resume interaction that is appropriate.
- g. Shows a few minutes of the couple's interaction with each other after the intervention to show that the process has effectively reduced flooding by the individual or couple's calm response to the relaxation technique.

REVIEWER COMMENTS:

DREAMS WITHIN CONFLICT

PASS: YES ___ NO ___

The therapist:

- a. Stops the couple's negative conflict interaction or refers to the context if it occurred in a prior session. It should be clear what the gridlocked issue is. The intervention arises from the context of the couple's current conflict and is not about their general hopes and dreams for their relationship.
- b. Explains the Dreams Within Conflict goals clearly including:
 - Finding the deeper meaning or dream within the specific gridlocked issue
 - Postponing persuasion or trying to solve the problem
- c. Explains the speaker-listener structure of the exercise and provides the Dream Catcher Questions handout page.
- d. Refers to the sample dream list to show clients examples of possible dreams within a gridlocked issue.
- e. Coaches one partner to ask the other partner questions from the handout to increase understanding of their partner's underlying dreams or deeper meaning imbedded in their specific gridlocked issue. The tape does not need to show both partners asking questions. While the general rule is to guide one partner to ask the other partner the questions, there may be occasional, brief exceptions when it is appropriate for the therapist to ask a question to bring out some deeper meaning or relevant family/personal/trauma history related to the gridlocked issue.
- f. Helps the questioner to draw out the speaker (vs. getting into their own point of view) and create a climate of emotional safety for the speaker to express their dreams, when appropriate.
- g. Effectively interrupts 4 Horsemen if present.

REVIEWER COMMENTS:

COMPROMISE USING TWO OVALS PASS: YES ___ NO ___

This intervention may be used for either a solvable or perpetual/gridlocked problem. The tape may show the couple talking unproductively about their issue or the couple may have just completed understanding each other's point of view. Then the therapist introduces this intervention to help them reach a compromise. For couples with a perpetual/gridlocked problem, the therapist explains that this intervention may help them reach a temporary compromise or a partial compromise on part of their larger issue but the goal is not to reach an ultimate solution.

If the couple becomes gridlocked during this intervention, the appropriate action would be to move them to a Dreams Within Conflict intervention before proceeding further. This would not count towards the compromise intervention.

The therapist:

- a. Explains the compromise process, which is designed to help each person identify what they cannot give up as well as what they can be more flexible about.
- b. Gives compromise ovals handout to each partner. Note: Alternately, the therapist may have couples draw two circles on a blank sheet of paper for the first part of this intervention.
- c. Instructs each partner to identify and write out their areas of inflexibility and flexibility and then to share them with each other. You may edit out the couple writing their areas of inflexibility/flexibility as long as the beginning and end of the writing portion is shown.
- d. Directs partners to ask each other the "getting to yes" questions on the compromise handout.
- e. Effectively interrupts 4 Horsemen if present.
- f. Note: The tape does not need to show the couple reaching a compromise but it does need to include coaching couples to ask each other some of the "getting to yes" questions.

REVIEWER COMMENTS: