

Will Joel Friedman, Ph.D.

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Commitment To Grow

I agree to make a commitment to grow, specifically in the therapy process. I understand that this means that I agree to be engaged and committed in action in all aspects of my therapy including:

- Attending sessions (and giving the therapist 48 hours notice if unable to attend)
- Voicing my opinions, thoughts and feelings honestly and openly whether positive or negative
- Being actively engaged, participating and responsive during sessions
- Completing all “lifework” assignments between sessions and bringing the results to our session
- Experimenting with new ways of doing things, working with thoughts and expressing feelings
- Taking all necessary medications as prescribed
- Implementing my Crisis Response Plan

I also understand that, to a large degree, my progress depends on the quality of my participation and the amount of energy/action I put into therapy. If it’s not working, I’ll discuss it with my therapist. **In short, I make a commitment to living.**

Crisis Response Plan: When thinking about suicide, I agree to do the following:

- 1) Do my best to identify specifically what I am upsetting myself over
- 2) Write out and review more reasonable responses to my suicidal thoughts, including thoughts about myself, others and the future
- 3) Review all the conclusions I’ve come to in my treatment journal
- 4) Do things that usually help me feel better for about 30 minutes, including listening to music, silently enjoying nature, going for a walk with my dog, and taking a bath
- 5) If I do not feel better, I will discuss the matter with my spouse/significant other
- 6) I will call my therapist, leave a detailed message and then page him at (9--) 3---7---
- 7) If the thoughts continue, get specific and I find myself preparing to do something, I will call the emergency number of 911 and go to the Emergency Room of the nearest local hospital

I have read, understand and agree to engage in therapy with Dr. Friedman under the above terms:

Signature	Print Name	Date	//	Witness Signature	Print Name	Date
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