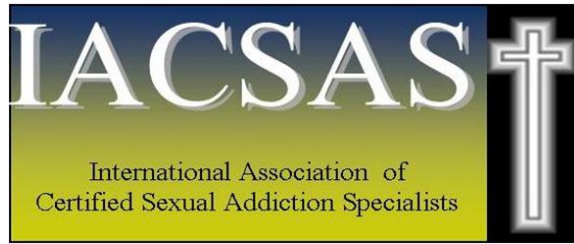


**International Association of Certified  
Sexual Addiction Specialists, Inc.**



**Clinical Application**

**INSTRUCTIONS:**

Complete this application and include all items in the following checklist. When all information is collected mail it to:

International Association of Certified Sexual Addiction Specialists, Inc.  
9 Dunwoody Park, Suite 136  
Atlanta, GA 30338

**One copy of each of the following (if mailed):**

- Completed application form
- Case study using integration model (appendix E)
- Supporting documentation for coursework
- Appendix D if applicable

**One copy of each of the following:**

- Official transcript from each graduate or specialization program attended
- Copy of your license and/or certifications held
- Supervisor report from each supervisor listed
- Professional reference from each supervisor listed
- Faith and character reference (s)
- Application fee of \$200 made out to IACSAS.

Thank you for applying and we are looking forward to working with you in the future

*-International Association of Certified Sexual Addiction Specialists, Inc.*

**Application for Clinical Certification**  
International Association of Certified Sexual Addiction Specialists, Inc.  
9 Dunwoody Park, Suite 136  
Atlanta, GA 30338

**CONTACT INFORMATION - Public**

**NOTE: This is public information used in our member directory and will be available to potential clients.**

Name: \_\_\_\_\_  
Practice Name: \_\_\_\_\_  
Office Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Office Phone: \_\_\_\_\_ Office fax: \_\_\_\_\_  
Web site: \_\_\_\_\_  
E-mail address: \_\_\_\_\_

**CONTACT INFORMATION - Private**

**NOTE: This is contact information that will be kept in our office. Include whatever information you wish for us to have.**

Home address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_  
Web site: \_\_\_\_\_  
E-mail address: \_\_\_\_\_

Which address would you like for IACSAS to use in sending you correspondence from our offices?  
 Home  Office

**DEMOGRAPHIC INFORMATION**

**NOTE: IACSAS does not discriminate nor evaluate your application based on this information. We do use this information for internal research. You are not required to answer these questions.**

Birthdate: \_\_\_/\_\_\_/\_\_\_ Sex: \_\_\_Male \_\_\_Female Denominational Affiliation: \_\_\_\_\_  
Race: \_\_\_\_\_ Marital Status: \_\_\_single \_\_\_married \_\_\_divorced \_\_\_widower

**EDUCATION**

**Undergraduate**

School	Degree	Area of Study (Major)	Year

**Graduate** (you must request that each graduate school you attended send us 1 official transcript.)

School	Degree	Area of Study (Major)	Year

**Post-Graduate/Specialization Program** (you must request that 1 official transcript from each of these programs be sent to us.)

School	Degree	Area of Study (Major)	Year

**WORK HISTORY**  Check box if additional work history is included in appendix D

Where _____ Position _____ From _____ To _____
Responsibilities:

Where _____ Position _____ From _____ To _____
Responsibilities:

Where _____ Position _____ From _____ To _____
Responsibilities:

Where _____ Position _____ From _____ To _____
Responsibilities:

**PROFESSIONAL STANDING**

Applicants for certification with IACSAS must already be established professionals in a therapy related profession (i.e., Psychologist, Marriage and Family Therapist, Social Worker, Professional Counselor, Mental Health Counselor, Psychiatrist, Physician, Clinical Nurse Practitioner). Associate licensures are acceptable. Use this page and other documentation needed to support your professional standing. (Pastoral certification will require a different application).

**PROFESSIONAL AFFILIATIONS**

List professional organizations you are a member of (i.e., APA, ACA, AACC, AAMFT, etc...)

Group	Type of Membership
Does this organization have a code of ethics?	Do you abide by it?

Group	Type of Membership
Does this organization have a code of ethics?	Do you abide by it?

Group	Type of Membership
Does this organization have a code of ethics?	Do you abide by it?

**CERTIFICATION - List only therapy related certifications such as NCC (nationally certified counselor), CAS (certified addiction specialist), etc...**

Certification Body	Certification	Year Given	Year Expires	Number

**LICENSURE - (if your state does not have a therapy licensure then please note this in the box below and complete Appendix A). You must include a copy of your current license (s) with your application packet. You must also be licensed in the state in which you are currently practicing.**

License (LPC, LMFT, Psychologist, etc.)	State	Year Given	Year Expires	Number

Have you ever been disciplined, refused admission, or removed from membership or affiliation with any professional affiliation, certification group, licensure or other such organization? \_\_\_yes \_\_\_no

Have you ever been sued professionally? \_\_\_ yes \_\_\_ no

If the answer is yes to either question please explain on a separate sheet and include any documents relevant to these issues.

# SEXUAL ADDICTION COUNSELING TRAINING

## Verification of 125 clock hours

Applicants for certification must document at least 125 clock hours of training in sexual addiction counseling. This training must be professional in nature and provided by recognized clinicians or clinical groups. The applicant is responsible for documenting a professional level of training. Accredited graduated level training programs require little supporting documentation. If you are submitting workshop or conference hours it is recommended that you include a copy of the learning objectives and abstract for the workshop. Documented training must include all of the following areas: Sexual addiction counseling, Theology of sexual issues, addiction, and trauma counseling.

Documenting the 125 hours can be bypassed if you qualify for one of the following:

- I have completed the 2 day course “Understanding and Treating Sexual Addiction” Through Cornerstone Professional Training Institute; and the course “Sexually Addiction and the Family” through the Cornerstone Professional Training Institute.
- I currently am a Certified Sex Addiction Therapist (CSAT) and am willing to sign the statement of faith and theology of sexuality. **(Please fill out the CSAT application only)**
- I have completed 125 hours of approved education in the areas of sexual addiction counseling, theology of sexual issues, addiction, and trauma counseling. Information will be provided below.

Instructions: Provide the following information for each course you are requesting count toward your certification.

Course title: The name of the specific course, workshop, or training session you attended.

Hours: The number of hours you were in training with this course.

Instructor: The name of the professor, workshop presenter, or course leader.

Organization: What organization sponsored the event (i.e., CAPS, SASH, local organization)

Type of training: Identify if this is a graduate course, breakout session at a conference, etc...

Course title:	Hours:
---------------	--------

Instructor:	Organization:	Type of Training:
-------------	---------------	-------------------

Course title:	Hours:
---------------	--------

Instructor:	Organization:	Type of Training:
-------------	---------------	-------------------

Course title:	Hours:
---------------	--------

Instructor:	Organization:	Type of Training:
-------------	---------------	-------------------

Course title:	Hours:
---------------	--------

Instructor:	Organization:	Type of Training:
-------------	---------------	-------------------

**TOTAL HOURS FOR THIS PAGE:** \_\_\_\_\_

Course title:	Hours:
---------------	--------

Instructor:	Organization:	Type of Training:

Course title:	Hours:	
Instructor:	Organization:	Type of Training:

Course title:	Hours:	
Instructor:	Organization:	Type of Training:

Course title:	Hours:	
Instructor:	Organization:	Type of Training:

Course title:	Hours:	
Instructor:	Organization:	Type of Training:

Course title:	Hours:	
Instructor:	Organization:	Type of Training:

Course title:	Hours:	
Instructor:	Organization:	Type of Training:

Course title:	Hours:	
Instructor:	Organization:	Type of Training:

Course title:	Hours:	
Instructor:	Organization:	Type of Training:

**TOTAL HOURS FOR THIS PAGE:** \_\_\_\_\_



## VERIFICATION OF EXPERIENCE

Applicants for certification must document that they have completed at least 125 hours of face to face sexual addiction counseling with clients and at least 30 hours of supervision for those sexual addiction cases.

### VERIFICATION OF 125 HOURS OF SUPERVISED SEXUAL ADDICTION COUNSELING

Place of service	Dates of service
Position location	Hours of sexual addiction counseling at this
Type of sexual addiction counseling at this location (specify number of hours of each type of counseling) ____ couples ____ individual adult males ____ individual adult females ____ group (males) ____ group (females) ____ minors	

Place of service	Dates of service
Position location	Hours of sexual addiction counseling at this
Type of sexual addiction counseling at this location (specify number of hours of each type of counseling) ____ couples ____ individual adult males ____ individual adult females ____ group (males) ____ group (females) ____ minors	

Place of service	Dates of service
Position location	Hours of sexual addiction counseling at this
Type of sexual addiction counseling at this location (specify number of hours of each type of counseling) ____ couples ____ individual adult males ____ individual adult females ____ group (males) ____ group (females) ____ minors	

Place of service	Dates of service
Position location	Hours of sexual addiction counseling at this
Type of sexual addiction counseling at this location (specify number of hours of each type of counseling) ____ couples ____ individual adult males ____ individual adult females ____ group (males) ____ group (females) ____ minors	

Place of service	Dates of service
Position location	Hours of sexual addiction counseling at this
Type of sexual addiction counseling at this location (specify number of hours of each type of counseling) ____ couples ____ individual adult males ____ individual adult females ____ group (males) ____ group (females) ____ minors	

**TOTAL:** \_\_\_\_ couples \_\_\_\_ individual adult males \_\_\_\_ individual adult females \_\_\_\_ group (males)  
 \_\_\_\_ group (females) \_\_\_\_ minors

## VERIFICATION OF 30 HOURS OF SUPERVISION IN SEXUAL ADDICTION COUNSELING

Applicants must document at least 30 hours of supervision with an approved sexual addiction counselor. It is highly recommended that the applicant obtain approval of the supervisor from IACSAS before beginning supervision. For each supervisor listed the applicant must provide the following: 1) a copy of the advance letter from IACSAS approving them as a supervisor **or** 2) a current vita for the supervisor. IACSAS retains the right to not approve supervision hours if the supervisor was not approved in advance and does not meet criteria as a supervisor. Each supervisor listed must submit a supervisor report (Appendix A) and a professional reference (Appendix B).

### Supervision requirements:

Supervisors must be IACSAS approved for the supervision hours to count toward the requirement. An hour of supervision can only be counted if the primary focus of the supervision was for a case (s) involving a sexual addiction issue where the supervisee was the primary therapist.

-while supervision will include looking at the therapist's own issues and how they impact therapy (self of the therapist work), personal therapy does not meet supervision requirements.

-primarily didactic formats (i.e., workshop, class, seminar, etc...) do not meet supervision requirements, even if the supervisee is teaching and the supervisor is observing.

The minimum 30 hours must be completed within a 2 year (24 month) time period.

Co-therapy with the supervisor can be counted only if the supervisee is the primary therapist for the hour counted.

Supervisor	Hours of supervision
Setting	Dates
Type of supervision <input type="checkbox"/> group <input type="checkbox"/> individual case consult <input type="checkbox"/> audio <input type="checkbox"/> video <input type="checkbox"/> live observation <input type="checkbox"/> co-therapy	

Supervisor	Hours of supervision
Setting	Dates
Type of supervision <input type="checkbox"/> group <input type="checkbox"/> individual case consult <input type="checkbox"/> audio <input type="checkbox"/> video <input type="checkbox"/> live observation <input type="checkbox"/> co-therapy	

Supervisor	Hours of supervision
Setting	Dates
Type of supervision <input type="checkbox"/> group case consult <input type="checkbox"/> individual case consult <input type="checkbox"/> audio <input type="checkbox"/> video <input type="checkbox"/> live observation <input type="checkbox"/> co-therapy	

**TOTAL:**  group case consult  individual case consult  audio  video  live observation  co-therapy



## STATEMENT OF FAITH

The International Association of Certified Sexual Addiction Specialists, Inc. maintains a solid commitment to professional clinical practice and to the Christian faith. Applicants will sign a statement of faith and general theology of sexuality as defined in this section. The following statement of the National Association of Evangelicals has been affirmed by more than seventy denominations, and thus represents a broad evangelical consensus. Applicants to IACSAS must be able to agree with the following statement of faith.

### Statement of Faith

- We believe the Bible to be inspired, the only infallible, authoritative Word of God.
- We believe that there is one God, eternally existent in three persons: Father, Son, and Holy Spirit.
- We believe in the Deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His miracles, in His vicarious and atoning death through His shed blood, in His bodily resurrection, in His ascension to the right hand of the Father, and in His personal return in power and glory.
- We believe that for the salvation of lost and sinful man, regeneration by the Holy Spirit is absolutely essential.
- We believe in the present ministry of the Holy Spirit by whom the Christian is enabled to live a godly life.
- We believe in the resurrection of both the saved and the lost; they that are saved unto the resurrection of life and they that are lost unto the resurrection of damnation.
- We believe in the spiritual unity of believers in our Lord Jesus Christ.

In addition to a general statement of faith, IACSAS also stands by a general theology of sexuality. While we know there will be difference of opinion in the specifics, it is expected that therapists certified by IACSAS agree with, and counsel their clients in accordance with the following statement.

- Our sexuality is part of God's creation and is a good gift from God
- God's revealed will for sexual expression requires sexual fidelity in marriage and chastity outside of marriage
- Marriage is defined as a monogamous covenantal relationship between one man and one woman
- Sexuality has been affected by the fall of man as evidenced by behaviors, desires, and addictions that are not in keeping with God's will for sexual expression
- God is working in our lives to redeem His people, and we, as sexual beings, participate in that redemptive experience.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## REFERENCES

Two types of references, described below, are required with your application

NOTE: You are not allowed to pay, or in any way reimburse those individuals who are providing references for you. It is a good idea to provide them with a stamped and addressed envelope to facilitate the mailing of the reference to us. Please have them mail the reference forms directly to IACSAS.

### SUPERVISOR REFERENCE (Appendix A)

Name of Reference	Nature of Reference	Office Use
	___supervisor ___ other professional	
	___supervisor ___ other professional	
	___supervisor ___ other professional	
	___supervisor ___ other professional	
	___supervisor ___ other professional	

### PROFESSIONAL REFERENCE (Appendix B)

The first set of references should speak to your competence and character as a sexual addiction counselor. Each of your supervisors is required to complete a professional reference form. You are invited, but not required to provide up to two additional professional references. Please list the individuals below who will provide a professional reference for you.

Name of Reference	Nature of Reference	Office Use
	___supervisor ___ other professional	
	___supervisor ___ other professional	
	___supervisor ___ other professional	
	___supervisor ___ other professional	
	___supervisor ___ other professional	

### FAITH AND CHARACTER REFERENCE (Appendix C)

The second reference should speak to your faith and character as a Christian professional. Please ask a pastor, church leader, or someone in spiritual authority who knows you to complete this reference for you. You are required to submit one reference, but are welcome to request a total of two individuals to complete this form. Please list below the individual (s) you have requested to fill out a faith and character reference for you.

Name of Reference	Nature of Relationship	Office Use

## STATEMENT OF CONFIDENTIALITY

We require that the above references be submitted and maintained as confidential references.

*In signing below in this box and in signing the application form I agree to waive any rights the law might allow in seeking to review or otherwise learn the contents of the professional reference (s) or faith and character reference (s) sent in as a part of my certification application. I understand these will be available only to IACSAS board members and the certification committee.*

Applicant Signature \_\_\_\_\_

# SIGNATURE PAGE

I, the undersigned, verify that the information included with this application packet has been voluntarily supplied for the purpose of being certified as a Christian sexual addiction specialist by the International Association of Certified Sexual Addiction Specialists, Inc. I verify that the information enclosed in this application is accurate to the best of my knowledge and authorize IACSAS to verify this information. I understand that in the process of verifying the included information these facts might become known to third parties. I expressly waive any claim to confidentiality of the material enclosed in this application packet except where otherwise noted.

I understand this application packet will be reviewed by the Certification Committee of the International Association of Certified Sexual Addiction Specialists, Inc. (within this application IACSAS) in accordance with the by-laws of the International Board of Certified Sexual Addiction Specialists. I understand I can request a copy of these by-laws at any time and that my application will be evaluated based on the standards in place at the time I submit my application.

Finally, while effort has been made to keep the application and review process objective, I understand that there is a subjective part to evaluating my application. I acknowledge that if my application is not accepted I can appeal as established in the bylaws but that the decision of the certifying committee is final. I agree that I am voluntarily submitting this application and that if my application is not accepted I will in no way seek to hold IACSAS or any of its officers, committee members, or members liable for such action.

I have enclosed the required application fee and understand it is non-refundable. If my application is accepted I will be notified and will pay the annual membership fee of \$100.00. I understand that I will need to renew my application every two years and verify completion of 10 CEU's. A \$25.00 fee will be charged for any returned checks.

Should any information included in this application change that affects my membership, I will notify IACSAS within 14 days.

\_\_\_\_\_ printed name

\_\_\_\_\_ signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
date

Appendix A

**SUPERVISOR REPORT**

Each supervisor must submit in a separate envelope a completed copy of this form

Name of Applicant \_\_\_\_\_

This form is to verify your supervision with the above named applicant.

**Instructions**

The above individual is applying for certification as a sexual addiction specialist by the International Association of Certified Sexual Addiction Specialists. You have been asked to provide a professional reference for this individual. Please fill out the following form and mail it in a sealed envelope to AACCSAS, 9 Dunwoody Park, Suite 136, Atlanta, GA 30338.

**NOTE: THIS FORM IS CONFIDENTIAL.** The applicant has signed a waiver assuring that the information on this form will be held in confidence. Only those responsible for reviewing the application packet will review the information on this form.

**About you**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
License and Credentials: \_\_\_\_\_  
\_\_\_\_\_

Length of time you have known the applicant? \_\_\_\_\_

How well do you believe you know this applicant? \_\_\_\_\_

Please describe the nature of your relationship to the applicant.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe the work of the applicant in the area of sexual addiction.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please submit a brief recommendation of why you would/would not support the applicant being certified as a sexual addiction specialist based on your supervision of the applicant.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any reason to doubt the applicant will be ethical in their duties in sexual addiction counseling? \_\_\_\_\_

**Appendix A (page 2)**

Do you know of any condition that might impair the applicant in sexual addiction counseling? If yes, please explain.

---

---

---

I supervised the above applicant from \_\_\_\_\_ (month/year) to \_\_\_\_\_ (month/year).

\_\_\_\_ Based upon my supervisory experience, I recommend this applicant for certification

\_\_\_\_ Based upon my supervisory experience, I do not recommend this applicant for certification.

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

Appendix B

**FAITH AND CHARACTER REFERENCE – CONFIDENTIAL**

This form is to be completed by your pastor or other spiritual leader

Applicant's Name \_\_\_\_\_

**Instructions**

The above individual is applying for certification as a sexual addiction specialist by the International Association of Certified Sexual Addiction Specialists. You have been asked to provide a professional reference for this individual. Please fill out the following form and mail it in a sealed envelope to AACCSAS, 9 Dunwoody Park, Suite 136, Atlanta, GA 30338.

**NOTE: THIS FORM IS CONFIDENTIAL.** The applicant has signed a waiver assuring that the information on this form will be held in confidence. Only those responsible for reviewing the application packet will review the information on this form.

**About you**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Length of time you have known the applicant? \_\_\_\_\_

How well do you believe you know this applicant? \_\_\_\_\_

Please describe the nature of your relationship to the applicant.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you see evidence of applicant's personal relationship with Christ? \_\_\_\_\_

Please describe applicant's character.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe the applicant's faith

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Appendix C

**PROFESSIONAL REFERENCE**

To be completed by a colleague who is familiar with your work in sexual addiction ministry (can be completed by supervisor)

\_\_\_\_\_  
Name of Applicant

This form is to verify your supervision with the above named applicant.

**Instructions**

The above individual is applying for certification as a sexual addiction specialist by the International Association of Certified Sexual Addiction Specialists. You have been asked to provide a professional reference for this individual. Please fill out the following form and mail it in a sealed envelope to AACCSAS, 9 Dunwoody Park, Suite 136, Atlanta, GA 30338.

**NOTE: THIS FORM IS CONFIDENTIAL.** The applicant has signed a waiver assuring that the information on this form will be held in confidence. Only those responsible for reviewing the application packet will review the information on this form.

**About you**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
License and Credentials: \_\_\_\_\_  
\_\_\_\_\_

Length of time you have known the applicant? \_\_\_\_\_

How well do you believe you know this applicant? \_\_\_\_\_

Please describe the nature of your relationship to the applicant.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe the work of the applicant in the area of sexual addiction.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please comment on the applicant's qualifications for certification as a sexual addiction specialist. (use back of page if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Would you recommend the applicant for certification as a sexual addiction specialist?

\_\_\_\_ NO      \_\_\_\_ With reservation      \_\_\_\_ Yes      \_\_\_\_ Highly



**Appendix C (page 2)**

Do you know of any condition that might impair the applicant in sexual addiction counseling? If yes, please explain.

---

---

---

Using the scale below, rate the applicant's overall ability as a sexual addiction counselor

— — — — —  
Poor Fair Good Very Good Excellent

Would you refer individuals to the applicant for sexual addiction counseling?

\_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### Appendix D (Additional Work History)

Where _____ Position _____ From ____ To ____
Responsibilities:

Where _____ Position _____ From ____ To ____
Responsibilities:

Where _____ Position _____ From ____ To ____
Responsibilities:

Where _____ Position _____ From ____ To ____
Responsibilities:

Where _____ Position _____ From ____ To ____
Responsibilities:

Where _____ Position _____ From ____ To ____
Responsibilities:

Where _____ Position _____ From ____ To ____
Responsibilities:

Where _____ Position _____ From ____ To ____
Responsibilities:

## **Appendix E**

### **Case Study**

(Using your knowledge and training in sexual addiction counseling write out how you would work with this individual in an essay between 2-4 pages)

Jeff is a 35 year old married man with two young children. This morning he woke up and looked at his clock and saw that it was 9:00 am. Once again he realized he had overslept for work. The events of the previous evening came crashing through his memory as he recalls another night staying up until 2:00am surfing the internet for pornography. Maybe it wouldn't be so bad, he ponders, if it just happened once in a while. However, he remembers with some shame, that this is now the fifth time this has happened in the last two weeks. He is overwhelmed with trying to calculate how many hours he has lost on the computer. As he lay in bed, trying to muster the energy to get up, he wonders what excuse he can come up with to offer his employer this time or if this will be the day he will be fired. More often than not he finds it requires great effort to get up and get going in the morning. When he finally does, the weight of his out of control behavior weighs on him, leaving him with a feeling of despair. How many times had he promised himself that this would be the last time?

As Jeff looks at himself in the mirror he is paralyzed by fear. It is difficult to discern what he is most fearful about, losing his job or his marriage. As he thinks about his work day ahead of him he wonders how he will get through it since he has had so much difficulty concentrating lately. He knows that his boss is aware that he is not meeting his deadlines on time and he recently had an altercation with him where his boss wrote him up because he said he had told Jeff about an important deadline that had to be met and once again it slipped Jeff's memory. Jeff wishes this was the first time this had happened but he remembers losing jobs in the past for similar "mistakes". He has always had problems remembering things. Recently he also transposed some numbers on a purchase order that cost the company money and he hasn't had the courage to tell his boss about this yet.

Then he remembers the fight he and his wife had several weeks ago where she threatened to leave him again if he didn't stop looking at internet porn along with the \$300 monthly phone bills to 900-numbers. He had promised her he would quit, as he had done multiple times before. Yet, somehow, he knew this time she was serious. They had been growing more and more distant over the last six months, coexisting more as roommates than husband and wife.

While he was trying to get ready for work, Jeff strongly considered whether or not to call in sick today. He wondered what he would do if he stayed home though. The things that he once found enjoyable didn't appeal to him lately. Going to see a movie or reading a book required more concentration than he was able to muster. Taking a long walk in the countryside near their home just gave him more time to drift off into ruminating about what a disaster his life was becoming.

As he returned to the bedroom, his eye caught a card on his wife's bedside table. He reached over to pick it up. It was the name of the therapist his wife had been begging him to call. He wondered what would happen if he picked up the phone and called today.