

GUIDELINES AND AGREEMENT FOR COUPLES COUNSELING

Making the decision to seek couples counseling takes courage. Usually, counseling results from repeated feelings of frustration and helplessness. Often, blame and anger have replaced acceptance and harmony. Counseling allows for a comfortable, guided and knowledgeable perspective on how the partnership is functioning and what can be done to enhance contentment for both members.

Healthy relationships take tremendous effort. In order to “get along,” men and women are challenged to develop new communication skills. Learning how to honestly communicate emotions, thoughts, opinions and beliefs requires risk-taking, patience and commitment. Couples counseling paves the path to greater joy, understanding and hope by honoring the following standards:

- During the assessment and interview phase of counseling, both members of the partnership will determine mutual goals for therapy.
- Both members of the partnership will attend scheduled appointments. If one member cannot attend, then the appointment must be rescheduled to allow both members to attend. 24 hour notice of cancellation required to avoid late cancellation fee.
- When individual sessions take place with each member of the partnership, it is understood that in the event sensitive information (as listed below) is revealed that may interfere with the goals of therapy, the individual will be expected to disclose this ulterior threat to the relationship and/or understand that the information will be revealed in the course of any future couple counseling work. This includes:
 1. “Love” interest, affair, or emotional attachment to another, other than partner.
 2. Financial difficulties, debt, liabilities that may impact the partnership.
 3. Medical concerns such as sexually transmitted diseases.
 4. Legal problems such as court dates, DUI, etc.
 5. Chronic alcohol and/or substance abuse, gambling, etc.
 6. Any form or degree of physical contact during arguments of fights.
- Progress toward goals for therapy will be reviewed between the 4th and 6th visits, depending upon the complexity of the case.

My signature indicates that I have read, fully understand, and fully agree to give my informed consent and compliance with these guidelines and parameters before starting couples counseling.

I, _____, will honor these standards. _____
Date

I, _____, will honor these standards. _____

Divorce or Custody Dispute Disclaimer

If you ever become involved in a divorce or custody dispute, I want you to understand and agree that I will not provide evaluations or expert testimony in court. You should hire a different mental health professional for any evaluations or testimony you require. This position is based on two reasons: (1) My statements will be seen as biased in your favor because we have a therapy relationship; and (2) the testimony might affect our therapy relationship, and I must put this relationship first.

Signature of client (or person acting for client)

Date

Printed name

Married Couples Counseling Disclaimer

If you ever become involved in a divorce or custody dispute, I want you to understand and agree that I will not provide evaluations or expert testimony in court. You should hire a different mental health professional for any evaluations or testimony you require.

This position is based on two reasons: (1) I am your therapist only, (2) the testimony might affect the therapy relationship, and I must put this relationship first. My statements could be seen as biased, because of the therapeutic relationship that I have with you.

Signature of client

Date

Printed name

Signature of spouse

Date

Printed name

Signature of therapist

Date