

Couple Counseling Agreement/Statement of Understanding

Entering into couple counseling can begin in several ways: When two people begin therapy together or through individual counseling when you request for your partner or spouse to join you. Either decision takes courage and willingness to want to work through the issues that are problematic to the relationship. If you request for your spouse or partner to join sessions, we will discuss this as one option. It is important that both of you are comfortable with the decision for couple counseling.

We agree that there may be times during couples counseling when I meet with each individual as part of the couples therapy. If this occurs, I will encourage that no secrets be kept and if I think that what is discussed is therapeutically important to the couple relationship, I will encourage that you bring it to discussion during your session with your partner/spouse.

We understand that I will point concerns out to both of you and there will be times when it may seem that I am on either one's side. However, I really am focused on the side of the relationship.

We understand that therapy can involve experiencing many intense emotions and that working toward change is not easy. We accept that sometimes this can be painful and necessary to reach therapeutic goals. We agree to discuss and evaluate the effects of these changes before, during, and as they occur.

We agree and understand that information discussed in couple counseling is for therapeutic purposes and that my ultimate goal is to help the couple achieve their goals. Therefore, discussions are not to be used in legal proceedings by either partner in the relationship.

We agree not to subpoena me to testify for or against either of you or to provide records in a court decision/action as this is not my expertise.

We agree that sessions are confidential and that all cell phones must be turned off. Cell phones are not to be used to record sessions.

If the relationship breaks up and either one or both of you want to continue to work with me for individual counseling, we will discuss the best decision for the highest good of all. I reserve the right to make this decision based on the therapeutic relationship developed. Depending upon the circumstances, I may need to make a referral.

We agree to the above guidelines.

Signature of both parties:

Date _____
Date _____