

Couples and Family Therapy Policies

(Additional handout to New Client Info Packet)

Purpose of Couples Counseling

Couples counseling provides a supportive, structured environment to explore your relationship, improve communication, address conflicts, and work toward shared goals. While challenges may be addressed in session, each partner is expected to be an active and open participant in the process.

Purpose of Family Counseling

Family counseling provides a structured and supportive environment for families to address challenges, improve communication, and strengthen relationships. The purpose of this process is to help family members identify patterns of interaction, understand differing perspectives, and develop effective ways to resolve conflict. Each member of the family is encouraged to participate openly and respectfully, contributing to the development of healthier family dynamics and shared goals.

Intake and Assessment

Each partner will complete the Couples Counseling Initial Intake Form and Couple Screening Form before the first session. These forms are confidential and will not be shared with your partner directly. However, content discussed in individual forms may be addressed during joint sessions as clinically appropriate.

Confidentiality and No Secrets Policy

To maintain a neutral and effective therapeutic space, this practice follows a No Secrets Policy in couples counseling. This means:

- Information disclosed individually to the therapist may be shared in a joint session if it is clinically relevant and important to the therapeutic goals.
- The therapist will not keep secrets that impact the relationship or the therapy process.
- Releases of Information (ROI) are required for both partners and must be signed before counseling begins. This allows your therapist to communicate with both parties freely during the course of treatment and ensures full transparency.

Fees and Payment

All of our providers are independent contractors and pricing/coverage may vary. Standard fees are as follows:

- Initial Couples Intake Session: \$160
- Standard Couples Follow-Up Sessions: \$150

Payment is due at the time of service. Accepted forms of payment include credit/debit card, HSA, check, or cash (exact change required).

Insurance Reimbursement

While this office does not bill insurance directly to insurance for all providers offering Couple's and Family services, we at LifePointe provide the following support:

- A superbill will be issued upon request.
- Instructions for submitting reimbursement claims to your insurance provider will be provided as a courtesy to those who wish to use their out-of-network benefits.

Reimbursement is not guaranteed and is the responsibility of the client to manage their insurer.

Attendance and Cancellations

Sessions are typically 50 minutes in length unless otherwise arranged. 24-hour notice is required for cancellations or rescheduling. •Missed appointments or late cancellations will be subject up to the full session fee of \$150.

Suitability and Limits of Couples Therapy

If there is ongoing or unresolved violence, coercion, or safety concerns, a referral for individual counseling, domestic violence services, or legal intervention may be recommended. If it becomes clear that couples therapy is no longer productive or appropriate, your provider may refer one or both partners to alternative services.

Acknowledgment

Both partners will be asked to review and sign this policy prior to beginning treatment. By signing, you acknowledge:

- You're understanding and agreement with the No Secrets Policy.
- That you are engaging in therapy voluntarily.
- That fees and communication expectations are understood.
- That a release of information is required for couples counseling to proceed.

Client 1 Signature: _____ Date: _____

Client 2 Signature: _____ Date: _____

Couples Counseling Initial Intake Form

Please note that while you will be asked to talk about your answers in sessions, your partner will not be shown this form.

Name: _____ DOB: _____

Address: _____

Phone: _____ May I leave a message? Y / N

Is it acceptable to email you? If so, email address: _____

Emergency Contact: _____

Relationship Status: (check all that apply)

Married Living Together Divorced

Separated Living apart Dating

What do you hope to accomplish through couples counseling?

What have you already done to deal with the difficulties?

What are your biggest strengths as a couple?

Please rate your current level of relationship happiness by circling the number that corresponds with your current feelings about the relationship.

1 2 3 4 5 6 7 8 9 10
(extremely unhappy) (extremely happy)

Please make at least one suggestion as to something you could personally do to improve the relationship regardless of what your partner does:

Have you received prior couples counseling related to any of the above problems? Yes No

If yes, With whom: _____

Where: _____ Length of treatment _____

Outcome: _____

Have either you been in individual counseling before? Yes No
If so, give a brief summary of concerns you addressed.

Do either you or your partner drink alcohol or take drugs to intoxication? Yes No
If yes for either, who, how often and what drugs or alcohol?

Do you ever wish your partner would cut back on his/her drinking or drug use? Yes No N/A

Have either you or your partner struck, physically restrained, used violence against or injured the other person?
Yes No If yes, who, how often and what happened?

Has either of you threatened to separate or divorce (if married) as a result of the current relationship problems?

Yes No If yes, who? Me Partner Both of us

If married, have either you or your partner consulted with a lawyer about divorce?

Yes No If yes, who? Me Partner Both of us

Do you perceive that either you or your partner has withdrawn from the relationship?

Yes No If yes, who? Me Partner Both of us

How enjoyable is your sexual relationship? (Circle one)

1 2 3 4 5 6 7 8 9 10
(extremely unpleasant) (extremely pleasant)

How satisfied are you with the frequency of your sexual relations? (Circle one)

1 2 3 4 5 6 7 8 9 10
(extremely unsatisfied) (extremely satisfied)

What is your current level of stress (overall)? (Circle one)

1 2 3 4 5 6 7 8 9 10
(no stress) (high stress)

What is your current level of stress (in the relationship)

1 2 3 4 5 6 7 8 9 10
(no stress) (high stress)

Rank the order of the top three concerns you have in your relationship with your partner (1 being the most problematic)

1. _____

2. _____

3. _____

Name: _____ Date: _____

Couple Screening Form

Directions: Check the items that apply

MOODS: (ex. irritability, depression etc.)

___ My moods are a problem to the relationship. how?:

___ My partner's moods are a problem to the relationship. how?:

ALCOHOL and SUBSTANCE USE

___ My use of alcohol is excessive

___ My use of prescription or illegal drugs is a problem

___ My partner's uses alcohol excessively

___ My partner's use of prescription or illegal drugs is a problem

AGGRESSION

___ My temper adversely affects our relationship

___ I have been verbally abusive to my partner

___ I have been physically abusive to my partner

___ My partner's temper adversely affects our relationship

___ My partner has been verbally abusive to me

___ My partner has been physically abusive to me

___ Our fights and arguments are very destructive to our relationship.

AFFAIRS

___ I have had an affair during our relationship (or an inappropriate outside relationship).

___ I am currently having an affair (or an inappropriate outside relationship).

___ My partner has had an affair during our relationship (or an inappropriate outside relationship).

___ My partner is currently having an affair (or an inappropriate outside relationship).

SATISFACTION AND COMMITMENT

___ % I am committed to staying in our relationship.

___ % Overall how satisfied are you now with your relationship?

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Directions:

In percentage terms, how strongly do you agree with the statements below.

Use this scale to answer the questions below.

0	25%	50%	75%	100%
Not at all	Slightly	Moderately	Very	Extremely

_____ % I feel disorganized by all this negative emotion.

_____ % I can't think straight when my partner gets so negative.

_____ % Talking things over with my partner only seems to make them worse.

_____ % I have little confidence that we can discuss a significant problem without fighting.

_____ % I am basically unhappy with my relationship.

_____ % I have often felt like leaving my partner.

_____ % I often don't feel close to my partner.

_____ % I'm not satisfied with our sex life.

_____ % I feel lonely in our relationship.

_____ % I feel we are disconnected.

_____ % My partner and I live pretty separate lives.

_____ % I confide in a special person outside of our relationship. Who?

_____ % There are specific events in our relationship which I am having trouble getting over.

What?

_____ % In spite of all our problems, I believe that my partner really cares about me.

Name _____ Date _____

Couple Satisfaction Checklist

Place a check in the box to the right of each relationship category that best describes **how satisfied you feel**.

	Very Dissatisfied	Moderately Dissatisfied	Slightly Dissatisfied	Slightly Satisfied	Moderately Satisfied	Very Satisfied	Check 3 areas you most want to change
1. Degree of Closeness, Openness, Confiding, Sharing and Comforting							
2. Expression of Affection and Caring							
3. Satisfaction with Sexual Intimacy							
4. Handling Conflicts and Arguments							
5. Expression of Anger, Criticism or Blame							
6. Handling Family finances							
7. Handling Parenting issues							
8. Handling of Household Tasks							
9. Common Interests and Social Life							
10. Degree of Respect and Admiration for Your Partner							
11. Satisfaction with your Role in the Relationship							
12. Satisfaction with your Partner's Role in the Relationship							
13. Overall Satisfaction with Your Relationship							