

**MND Therapy Services**  
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#LCM039  
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**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,” couples 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 or fights.
- Progress toward goals for therapy will be reviewed between the 4<sup>th</sup> and 6<sup>th</sup> 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. \_\_\_\_\_ Date*