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**Couple’s Work**

If you have never been involved in couple’s therapy, it may be helpful to understand a

few things that differentiate it from individual therapy.

**Patience:**

When a couple presents for counseling there is often a lot of distress in the relationship.

This can be from years of problems that have never been resolved, or from a new but

intense issue that has recently arisen. In either case, emotions such as fear, sadness,

and anger are often running high. Your therapist will be trying to help you sort through

all of this in the first few sessions. While it may seem like things aren’t moving quickly

enough, it is important to realize that what took years to undo might take at least a few

hours to begin repairing. So, patience is important in the first few sessions of couple’s

therapy and it can be very helpful to have your first few appointments scheduled and

spaced no more than a week or ten days apart. This will help your therapist get to know

you and your story and get the ball rolling.

**Introspection:**

In couple’s counseling, having the ability to look evaluatively and critically at oneself is

as important as knowing how your partner is bothering you. We call this introspection.

A client must be able to talk about how they are feeling, what they are thinking, and why

they behave in certain ways. The Popeye Defense, “I-yam-who-I-yam”, will not be

particularly helpful! Your therapist will probably be asking you a little about your own

family of origin and childhood, important aspects of your personal history, and a bit

about what makes you tick. Being able to be reflective and honest about this will go a

long way in helping the counseling. If someone is not able or ready to look at their own

thoughts feelings, and behaviors, a referral for individual counseling may be made to

help this person start the process of looking inward.

**Commitment to Change:**

Any long-term relationship is hard work. A couple can expect to hit rough patches in the

relationship and to feel stuck. The fact that you are seeking help is hopefully a sign that

you are committing yourself to changing. Your therapist will work with you to find areas

in your relationship that aren’t working and that need healing. This all sounds easy but

it is harder to change than we would like to admit. Surely it would be easier if the other

person would change! Research tells us that it takes nine months for a change in a

relationship to stick and to be really helpful. This may seem like a long time and like an

expensive endeavor. However, if you can put this in a different perspective, nine

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months of therapy and hundreds of dollars is nothing compared to a life-time of divorce

with all of its collateral damage and hundreds of thousands of dollars of attorneys fees,

child-support, and alimony. It may at least be worth a good try.

**The Love Lab:**

We do have good research on what makes marriages successful, thanks to so many

people. Specifically, I’d like to comment on the on-going work of John Gottman and

others at the University of Washington, Seattle, where the “Love Lab” is. We know that

good marriages have several things in common, and that certain behaviors are

predictive of marital failure.

We know that good marriages have deep and satisfying friendships. And we know that

on-going friendships are intentional and take some effort. With this in mind, there a

Seven Principles that Gottman has assessed at being at the heart of successful

marriages:

1) Enhance Your Love Maps: In essence, get to know your partner better.

2) Nurture Your Fondness and Admiration

3) Turn Toward Each Other Instead of Away

4) Let Your Partner Influence You

5) Solve Your Solvable Problems

6) Overcome Gridlock

7) Create Shared Meaning

Additionally, through the great work at the Love Lab, we know that there are patterns of

behavior that have the capacity to destroy marriage:

1) Harsh Start-Ups in Conflict

2) The Four-Horseman of the Apocalypse (Criticism, Contempt, Defensiveness,

Stonewalling)

3) Emotional/Cognitive Flooding

4) Bad Body Language

5) Failed Repair Attempts

6) Bad Memories

In your time in therapy, you may work on some of these areas of marriage, either

directly or indirectly with your therapist. It may be helpful to start by reading The

Seven Principles for Making Marriage Work.

**COUPLE CLIENT INFORMATION pg 3 of 7**

The purpose of **COUPLES’ THERAPY** is for reconciliation and healing and is at cross-purposes of a legal action, which is adversarial by definition. No information may be released for either party without the written consent of both parties because legally, the relationship is the client. This makes all information from the therapy available to both sides. Therefore, I find it in the best interest of the therapeutic process for both parties to agree not to subpoena the therapist or the client records in the event of a divorce, custody trial, or other legal proceeding.

***I understand and agree not to subpoena therapy records or the therapist in the event of a legal proceeding.***

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

In **FAMILY THERAPY**, the family is the client. No information may be released without the written consent of all parties to whom confidentiality belongs. As outlined in the couples’ therapy section (above), I find it in the best interest of the therapeutic process for all parties to agree not to subpoena the therapist or the client records in the event of a divorce, custody trial, or other legal proceeding.

***I understand and agree not to subpoena therapy records or the therapist in the event of a legal proceeding.***

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Additionally, we understand any information received from any party via phone calls, voice mail, or written communication will not generally be kept secret from the other party/parties as this impedes the therapeutic process and relationship.**

**All parties must initial. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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***Personal Information – Partner #1***

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

**Briefly describe the problem(s) bringing you in: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Current relationship status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Length of relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Number of previous marriages: \_\_\_\_\_\_\_ Divorce finalized? Y\_\_\_\_ N\_\_\_\_**

**Reason(s) for divorce:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**List 3 qualities you like *most* about your partner List 3 qualities you like *least* about your partner**

**1. 1.**

**2. 2.**

**3. 3.**

**List 3 things you *like* doing with your partner List 3 things you *don’t like* doing with your partner**

**1. 1.**

**2. 2.**

**3. 3.**

**List 3 *strengths* your partner brings to the relationship List 3 strengths you bring to the relationship**

**1. 1.**

**2. 2.**

**3. 3.**

**Briefly describe any concerns you have about your partner’s friendships, work habits, finances, health, coping skills, values, etc.:**

**List any “red flags” you had early in this relationship (even if they were ignored):**

**COUPLE CLIENT INFORMATION pg 5 of 7**

***Personal Information – Partner #1 continued***

**Describe efforts you have made to better your relationship:**

**Please list your specific goals for couple’s therapy at this time:**

**1.**

**2.**

**3.**

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give my written consent to share the information I have provided on this form with my partner, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, during couple’s therapy.**

**Partner #1 Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**COUPLE CLIENT INFORMATION pg 6 of 7**

***Personal Information – Partner #2***

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

**Briefly describe the problem(s) bringing you in: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Current relationship status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Length of relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Number of previous marriages: \_\_\_\_\_\_\_ Divorce finalized? Y\_\_\_\_ N\_\_\_\_**

**Reason(s) for divorce:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**List 3 qualities you like *most* about your partner List 3 qualities you like *least* about your partner**

**1. 1.**

**2. 2.**

**3. 3.**

**List 3 things you *like* doing with your partner List 3 things you *don’t like* doing with your partner**

**1. 1.**

**2. 2.**

**3. 3.**

**List 3 *strengths* your partner brings to the relationship List 3 strengths you bring to the relationship**

**1. 1.**

**2. 2.**

**3. 3.**

**Briefly describe any concerns you have about your partner’s friendships, work habits, finances, health, coping skills, values, etc.:**

**List any “red flags” you had early in this relationship (even if they were ignored):**

**COUPLE CLIENT INFORMATION pg 7 of 7**

***Personal Information – Partner #2 continued***

**Describe efforts you have made to better your relationship:**

**Please list your specific goals for couple’s therapy at this time:**

**1.**

**2.**

**3.**

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give my written consent to share the information I have provided on this form with my partner, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, during couple’s therapy.**

**Partner #2 Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**