

Kansas City Psychotherapy Couples and Family Counseling Agreement

We, the undersigned, understand that family therapy starts with an assessment of our relationships both past and present. Family therapy is about changing the dynamics we have created throughout our time together as a family. By entering into family therapy, we understand and accept that working towards change may involve experiencing difficult and intense feelings, some of which may be painful in order to reach our goals. **1) We understand that family therapy will involve change on all of our part.** We accept that such changes can have both negative and positive effects. **2) We agree to clarify and evaluate potential effects of changes before we undertake them.**

Family therapy is a time for us to explore the issues that keep us from enjoying and growing in our relationship. **3) We agree not to use therapy as a time for dumping all the gripes of the past week.** **4) We agree to try to be concise in presenting our thoughts and feelings.** **5) We agree to say what we need to say and to ask for what we need.** There will be times when our therapist may appear to be on our side or our family members' sides, but is really on the side of our relationship with one another. If we feel that our therapist is siding unfairly with other family members, **6) we agree to bring up these concerns in therapy for discussion.**

At times it may be helpful for our therapist to see one or all of us for individual sessions as part of family treatment. **7) Our therapist will not keep secrets.** Our therapist will work with the secret holder to share information with the family that is needed to further therapeutic goals. If the secret holder chooses not to share the information, **8) our therapist reserves the right to pass on information deemed important to reaching our therapeutic goals.**

If our relationship breaks up and either or all of us wish to re-contract with a therapist for individual therapy, the decision with whom our therapist continues working with, will be at our therapist's discretion. In some circumstances, a referral will be made. Phone calls and emails between sessions are only for making or canceling appointments and emergencies. Should it be necessary to release any information about family therapy to a third party, **9) all members of the family must sign a release of information; otherwise, information cannot be shared.**

We understand that information discussed in family therapy is for therapeutic purposes and is not intended for use in any legal proceedings involving any of the partners. **10) We agree not to subpoena our therapist to testify for or against each other or to provide records in a court action.**

Our signatures below indicate that we all agree to the agreement stated above:

Client Name _____ Signature _____ Date _____

Client Name _____ Signature _____ Date _____

Client Name _____ Signature _____ Date _____

Client Name _____ Signature _____ Date _____

Client Name _____ Signature _____ Date _____