



Eastside Marriage and Family Therapy, LLC

COUPLES AGREEMENT

We understand that in couples therapy, the "client" is the couple. As such, the confidentiality privilege extends to and for the benefit of the couple and not the individuals. We therefore understand that information discussed in couples therapy is for therapeutic purposes and is not intended for use in any legal proceedings involving the partners. We agree not to subpoena Eastside Marriage and Family Therapy, LLC / Kristine Natterstad, MMFT, LMFT to testify for or against either party or to provide records of this couples therapy in a court action.

"No Secrets" Policy

We understand that while working as a couple, anything either of us might say to our therapist individually, whether by phone, email or in an individual session, may **not** be held as confidential, and at my therapist's discretion may be shared with the spouse/partner during a subsequent couple session.

If an individual chooses to share sensitive information with my therapist, he/she will offer the individual every opportunity to disclose the relevant information and will provide guidance in this process. If the individual refuses to disclose this information within the couple's session, my therapist may determine that it is necessary to discontinue the counseling relationship with the couple.

This policy is intended to maintain the integrity of the **couple** therapy relationship. If there is information that an individual desires to address within a context of individual confidentiality, my therapist will be happy to provide referrals to therapists who can provide concurrent individual therapy.

Client Signature: _____ Date: _____

Therapist Signature: _____ Date: _____

COUPLES QUESTIONNAIRE

General Relationship	1	2	3	4	5	6	7	8	9	10
Personal Independence	1	2	3	4	5	6	7	8	9	10
Spouse Independence	1	2	3	4	5	6	7	8	9	10
Couples Time Alone	1	2	3	4	5	6	7	8	9	10
Social Activities	1	2	3	4	5	6	7	8	9	10
Occupational Progress	1	2	3	4	5	6	7	8	9	10
Sexual Interactions	1	2	3	4	5	6	7	8	9	10
Communication	1	2	3	4	5	6	7	8	9	10
Financial Issues	1	2	3	4	5	6	7	8	9	10
Household Responsibility	1	2	3	4	5	6	7	8	9	10
Daily Social Interaction	1	2	3	4	5	6	7	8	9	10
Parenting	1	2	3	4	5	6	7	8	9	10
Decision Making	1	2	3	4	5	6	7	8	9	10
Trust in Each Other	1	2	3	4	5	6	7	8	9	10
Resolving Conflicts	1	2	3	4	5	6	7	8	9	10
Problem Solving	1	2	3	4	5	6	7	8	9	10
Support of One Another	1	2	3	4	5	6	7	8	9	10

1 = Completely Unsatisfied A Little Satisfied 5= Somewhat Satisfied Mostly Satisfied 10 = Completely Satisfied

This questionnaire is intended to assess the current satisfaction with your relationship. Circle the number between 1 (completely unsatisfied) to 10 (completely satisfied) beside each issue.



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1. List the things that your partner does that please you: _____

2. What would you like your partner to do more often? _____

3. What would your partner like you to do more often? _____

4. How do you contribute to difficulties in the relationship? _____

5. What are you prepared to do differently in the relationship? _____

6. Is there a problem of alcohol/substance abuse? _____
If yes, please describe type and duration of abuse. _____
7. Have you or your partner participated in any of the following activities: (please indicate you or your partner)

_____ Swinging	_____ Masturbation
_____ Pornography	_____ Extra-Marital Affair
_____ Fetishes	_____ Compulsions/Addictions: (Specify) _____
8. Do you often try to anticipate your partner's wishes so that you can please them? _____

9. What are your goals or what do you hope to accomplish by coming to couples therapy? _____

10. Is there anything additional that you feel your therapist should know? _____

