

FAMILY MEMBERS/PARTNERS in INDIVIDUAL TREATMENT

ADDENDUM to CONTRACT FOR PROFESSIONAL SERVICES

It can at times be helpful for members of a family/couple to work with the same therapist in separate courses of individual therapy. However, addressing individual goals, personal privacy, and professional confidentiality can become more complicated when working with multiple members of a family/partnership in individual work. I have developed the following policies to help clients understand what to expect from me in these areas.

Please read this addendum carefully and note any questions you have so we can discuss them. When you sign this document, it will represent a binding agreement between us.

GOALS:

As with all clients, my goal will be to support your emotional growth. In addition, your individual therapy is your therapy. Therefore, the focus of your individual therapy is your choice, and I will strive to support your stated goals for your treatment. Unless explicitly requested by you, I will do my best to support your stated objectives and not be influenced by any goals another family member/partner may have for you.

CONFIDENTIALITY:

Because trust and safety with me is essential to effective psychotherapy, our work will be confidential. I will not intentionally reveal information you have shared with me to another family member/partner without your permission. The exceptions to this general rule are when I believe basic safety is at risk, the laws of mandated reporting require it (see the legal limits to confidentiality in the standard treatment contract), or the information is of a business nature (e.g. schedule dates/times, fees, etc.).

Trust: You should know that it would not be unusual for me to have knowledge of thoughts, feelings, or actions of another family member/partner that you are not aware of. You should be aware that you might feel angry or betrayed when you later learn that I did not share another family member's/partner's information with you. However, you should also know that my keeping information confidential is a normal part of the working with multiple members of a family/couple in individual therapy. For you to know your information is confidential is also to know everyone's information is confidential.

Disclosure guidelines: As long as I do not believe that *my holding information private* will contribute to or lead to a new or on-going harm/danger to a family member/partner, I will keep each client's information private. When I believe this is an unsafe or harmful course of action for some or all parties involved, I will insist on either disclosure or termination. Requiring disclosure will include cases where I believe the information shared with me represents a direct harm to you or another a family member/partner and where my evaluation is that not disclosing the

DAVID MICHALICEK, M. A.
Licensed Marriage and Family Therapist

information would cause greater harm than disclosing (e.g. by allowing a harmful or unsafe situation to continue). Situations such as an active affair, hidden substance abuse, self-harm, or serious suicidal intentions are likely to require disclosure. If I believe disclosure of information you have shared with me is the best course of action, I will work with you to help you disclose that information. Should you be unwilling to disclose the information and I determine that it is ethically or legally problematic for me to not disclose, I will consider either disclosing the information to the affected family member (with your advance knowledge) or terminating therapy with some or all affected members, based on what I believe is the safest/most advisable course of action.

Should I terminate with one or more family members/partners, the termination may create questions for me. I may or may not answer them based on my clinical judgment and the criteria presented above.

TERMINATION:

Throughout the course of our work together, I will assess whether I am able to adequately support your needs while also supporting the needs of other family members/partners. You are also welcome to assess if our work is helpful to you as an individual/family/couple.

If at any point during psychotherapy, if I or you believe it is not in your best interest to continue treatment with me, we will discuss it and if appropriate, end treatment.

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.

Name (print) _____

Signature _____ Date _____