

COUPLES ON THE BRINK PROJECT DISCLOSURES

The Northampton Center for Couples Therapy

1. The screeners, coaches, educators, therapists, and others facilitating Couples on the Brink treatment are not lawyers and do not provide legal advice. Please consult with an attorney or visit the Court Self-Help Center in your county if you have questions about the legal issues in your divorce.

2. Participation in Couples on the Brink treatment does not relieve participating parties from any obligations they may have in an ongoing divorce case. If you have initiated the legal divorce process, you may wish to consider having your case placed on inactive status or arranging a legal separation while you are working on reconciliation.

3. By participating in Couples on the Brink treatment, the parties agree that they will not seek to use in any court proceeding any statements made by the other party or a facilitator at any meeting facilitated by personnel affiliated with Northampton Center For Couples Therapy and the Couples on the Brink Project. They also agree that they will not call as witnesses or seek to obtain for court purposes any of the notes or documents prepared by any of the personnel affiliated with the Northampton Center For Couples Therapy.

4. Any information provided to the Northampton Center For Couples Therapy by participants will remain confidential. However, in order to provide effective service, the screeners, coaches, therapists and other personnel affiliated with the center may need to share client information with each other. Participants in the Couples on the Brink Therapy hereby grant permission to these professionals to share client information with each other, but not outside the Project.

I agree: _____ Date: _____

I agree: _____ Date: _____

COUPLES ON THE BRINK PROJECT INTAKE FORM

The Northampton Center for Couples Therapy

Patient Name _____ Occupation _____

Education Some High School High School Graduate Post High School Training College Graduate

Work _____ Current Religious Affiliation (If Any) _____

Spouse's Name _____ Wedding Date with Current Spouse _____

Number of Children with Current Spouse _____ Age(s) of Children _____

Number of Stepchildren being raised with current Spouse _____

How many times have you been married (including this marriage)? _____

How did you find out about the Couples on the Brink Project _____

Are you in counseling now? Yes No If yes, with whom? _____

Name/Location of medical doctor _____

Are you currently on medication for a psychological problem? Yes No

If yes, for what reason? _____

Type of medication _____

Name of Prescribing Doctor _____

Emergency Contact (Name/Relationship/Phone) _____

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The first set of questions is about how you feel about your marital relationship right now. Please answer questions 1-3 based on the following scale:

0-All 1-Most of 2-More often the time the time than not 3-Occasionally 4-Rarely 5-Never

1. In general, how often do you think that things between you and your partner are going well?

0 1 2 3 4 5

2. Do you confide in your mate?

0 1 2 3 4 5

3. How often do you discuss or have you considered divorce, separation, or terminating your relationship?

0 1 2 3 4 5

4. The dots on the following line represent different degrees of happiness in your relationship. The middle point, "happy," represents the degree of happiness of most relationships. Please check the dot which best describes the degree of happiness, all things considered, of your relationship.

Extremely *Fairly* *A Little Happy* *Very* *Extremely* *Perfect*

5. There are many reasons why some marriages end in divorce. Could you check all the reasons below that have been important in your situation?

- | | |
|--|---|
| <input type="checkbox"/> How my spouse handles money | <input type="checkbox"/> Growing apart |
| <input type="checkbox"/> Not enough attention | <input type="checkbox"/> Not able to talk together |
| <input type="checkbox"/> My spouse's friends | <input type="checkbox"/> My spouse's leisure activities |
| <input type="checkbox"/> In-law problems | <input type="checkbox"/> My spouse's personal habits |

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- | | |
|--|---|
| <input type="checkbox"/> How we divided household responsibilities | <input type="checkbox"/> Religious differences |
| <input type="checkbox"/> Alcohol or drug problems | <input type="checkbox"/> Personal problems of my spouse |
| <input type="checkbox"/> Infidelity | <input type="checkbox"/> My spouse worked too many hours |
| <input type="checkbox"/> Sexual problems | <input type="checkbox"/> How we divided child care responsibilities |
| <input type="checkbox"/> Physical violence | <input type="checkbox"/> Differences in our tastes and preferences |
| <input type="checkbox"/> Conflicts over raising stepchildren | <input type="checkbox"/> Conflicts over raising our own children |

Other _____

6. The final question is about how you are doing personally. Over the last 2 weeks, how often have you been bothered by any of the following problems? Read each item carefully, and circle your response.

a. Little interest or pleasure in doing things

- Not at all Several days More than half the days Nearly every day

b. Feeling down, depressed, or hopeless

- Not at all Several days More than half the days Nearly every day

c. Trouble falling asleep, staying asleep, or sleeping too much

- Not at all Several days More than half the days Nearly every day

d. Feeling tired or having little energy

- Not at all Several days More than half the days Nearly every day

e. Poor appetite or overeating

- Not at all Several days More than half the days Nearly every day

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f. Feeling bad about yourself, feeling that you are a failure, or feeling that you have let yourself or your family down

- Not at all Several days More than half the days Nearly every day

g. Trouble concentrating on things such as reading the newspaper or watching television

- Not at all Several days More than half the days Nearly every day

h. Moving or speaking so slowly that other people could have noticed. Or being so fidgety or restless that you have been moving around a lot more than usual

- Not at all Several days More than half the days Nearly every day

i. Thinking that you would be better off dead or that you want to hurt yourself in some way

- Not at all Several days More than half the days Nearly every day

7. If you checked off any problem(s) in Question 6, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

- Not difficult at all Somewhat difficult Very difficult Extremely difficult