

Practical Christian Counseling

Sexual Wholeness Individual Treatment Contract

Individualized treatment for sexual wholeness involves an intense relationship between counselee and counselor. The following is an agreement to clearly set expectations and boundaries for the relationship.

This is a Treatment Contract between _____ (“Counselee”) and Rev. Scott Wiley, MS, LPC. (“Counselor”).

Expectations of Counselee:

1. I (Counselee) understand that this treatment program involves 21 sessions with Counselor plus outside work. I will attend all 21 sessions with Counselor, promptly and faithfully, according to an agreed-upon schedule, preferably once per week. I understand that each session will last approximately 50 minutes.
2. I agree to notify Counselor at least 24 hours prior to missing a session with a plan to reschedule. In cases of emergency, I will notify Counselor as soon as possible that I will miss and will follow up with a make-up plan as soon after as possible.
3. I understand and am amenable to the fact that Counselor may need to cancel or reschedule a session on occasion. I understand that Counselor is committed to completing all 21 sessions of my individualized treatment with me.
4. I agree to complete all outside work conscientiously and diligently. This will include reading and writing in the workbook, as well as extensive journaling.
5. I understand that my level of satisfaction or assessment of success with the individual treatment program will largely be the result of my own effort, diligence, and compliance with the program. I agree to not hold Counselor blameworthy, or financially liable, for any perceived failure or shortcoming of the program.
6. I understand that beginning at session 4, Counselor will also act as my Sponsor for the remainder of the treatment period, or until I find another Sponsor of my choice. I will comply with the terms of the Sponsor relationship as agreed upon in session 4, but I understand in advance that this relationship will require me to call or email Sponsor/Counselor every day, and to text for callback when experiencing temptation to act out sexually.
7. I understand and agree that, beginning with session 4, I will commit myself to complete sexual abstinence for a period of 90 days as part of my treatment. **I have discussed this with my spouse (if married) and she is in agreement to the 90-day abstinence period.**
8. I understand and agree that the fee for this individual treatment program is \$1,000.00, payable in advance and non-refundable. I understand that this payment is out-of-pocket.
9. I understand that if I drop out of this individual treatment program, no fees or costs paid by me will be refunded, and restarting the program at a later date may require me to pay the program fee in full again.
10. I understand and agree that if I or Counselor die, no reimbursement of fee will be awarded to me or my heirs.
11. I understand that sessions with Counselor prior to the start of this Treatment Contract are/were separate counseling/assessment sessions, are paid for separately, and are not part of the 21-week individual treatment program.

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12. I understand and agree that all previous "Informed Consent", "Client Responsibilities", and "Statement of Release" signed by me as they relate to Counselor are still in force for this individual treatment program.
13. I understand that additional counseling sessions beyond the individual treatment program, such as couple's counseling with my spouse, are available at Counselor's normal counseling fee.
14. I understand and agree that individual treatment sessions will occur according to the following schedule until renegotiated:
 - a. First session date & time: _____
 - b. Weekly day & time (typically): _____
 - c. Anticipated final session: _____

Signature of Counselee: _____ Date: _____
Signature of Counselee's Spouse: _____ Date: _____

Expectations of Counselor:

1. I (Counselor) agree to provide Counselee with individual treatment for sexual addiction using materials I have identified and deemed most appropriate to the goals of treatment, and also to employ my professional skills and expertise as a Licensed Professional Counselor.
2. I agree and commit myself to meet with Counselee for 21 sessions faithfully and promptly according to our agreed-upon schedule.
3. I agree to notify Counselee at least 24 hours prior to missing a session with a plan to reschedule each session. In cases of emergency, I will notify Counselee as soon as possible that I will miss and will follow up with a make-up plan as soon after as possible.
4. I understand and am amenable to the fact that Counselee may need to cancel or reschedule a session on occasion. Cancelled sessions will be made up so there are 21 total completed sessions.
5. I agree to come to each session prepared to give my best possible counsel and guidance.
6. I understand and agree to serve as Counselee's Sponsor beginning at week 4 according to our agreed-upon terms of the sponsor relationship, and/or until Counselee identifies a Sponsor of his choosing. During the sponsor relationship period, I agree to accept, or promptly return calls/texts from Counselee as soon as possible, according to the terms of our sponsor relationship agreement.
7. I understand that my professional licensure and associations expect and require me to hold to the ethical practice of confidentiality. I agree to not discuss Counselee's treatment with any outside parties unless provided written and signed consent from Counselee.
8. I understand that the \$1,000.00 fee is my total fee for the entire 21-session individual treatment program and will not charge additional fees, (beyond the costs of any materials that I deem necessary for Counselee's best treatment), unless additional sessions are requested by Counselee, such as couple's counseling with Counselee and his spouse.
9. I understand and agree that if I must end this individual treatment program with Counselee for any reason other than the death of myself or Counselee, I will reimburse Counselee \$47.61 for each remaining uncompleted session.
10. I understand and agree that individual treatment program sessions will occur according to the schedule described under "Expectations of Counselee, #14", until renegotiated.

Signature of Counselor: _____ Date: _____