

## Client Commitment to Treatment Form

I, \_\_\_\_\_, commit to the treatment process with \_\_\_\_\_.

I understand this means I have agreed to be actively involved in all aspects of counseling and treatment, including:

- 1) consistently attending sessions.
- 2) letting my counselor / therapist know when I must cancel or reschedule a session in a sufficient amount of time in accordance with their cancellation policy, within \_\_\_\_\_ hours of scheduled session.
- 3) setting goals for my emotional and mental wellness.
- 4) voicing my opinions, thoughts, and feelings honestly and openly with my counselor / therapist.
- 5) being actively involved during sessions.
- 6) completing homework assignments, tasks, and other behavior exercises between sessions that were agreed upon during sessions. If I am unable to complete these activities or exercises, I will be ready to discuss barriers and obstacles to completion with my counselor / therapist.
- 7) taking my medications as prescribed by my physician. If I want a medication or dosage change, or want to discontinue any of my medications, I will do this under the advisement and treatment of my physician.
- 8) trying new behaviors and ways of doing things.
- 9) implementing my crisis / safety plan when needed.
- 10) providing information about other treatments and treatment providers that may impact my psychotherapeutic treatment. This may include medication records, diagnoses, and other counseling or case management services.
- 11) acknowledging that no matter what my current circumstances, past experiences, and triggers I am ultimately responsible for my choices and behaviors.

I understand and acknowledge that a successful treatment outcome depends on the amount of energy and effort I make.

If I feel treatment is not working, I agree to discuss it with my counselor / therapist and attempt to come to a mutual understanding as to what the problem is and to identify any potential solutions.

I understand that my counselor's / therapist's primary motivation is to help me achieve my treatment goals, and it will not upset them or hurt their feelings to help me find an alternative treatment provider if doing so is what I desire and/or is in my best interest.

I agree to make a commitment to myself and my treatment.

This agreement will apply for the next \_\_\_\_ months, at which time it will be reviewed and modified as needed.

This agreement can be reviewed and modified at any other point in my treatment at my request or at my counselor's / therapist's discretion and prompting.

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_

Therapist/Counselor Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Notes:

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