

## *New Reflections Clinical Services*

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**Thank You for your interest and willingness to invest in your relationship. *The Intensive Couples Weekend (ICW)* is designed to meet the needs at the forefront of a healthy, honest, and open relationship. Some of the issues that are addressed in the Intensive Weekend are:**

**In most cases a formal disclosure is presented and a polygraph is needed prior to the ICW. You may want to use your own resource, otherwise, we have a good reputable source that we work with in the area. You will receive forms to be filled out prior to the weekend that addresses the issues of a disclosure and a time line that relates to emotional injuries and wounds in your life.**

- **Family of origin/ genealogy and attachment needs**
  - **An understanding of sex addiction**
  - **An understanding of the trauma model as it pertains to the spouse**
- **An understanding of Somatic Experiencing as it relates to the deregulated systems; how the body holds the memory of the trauma. An understanding of how to be attuned and accessible to one another while holding your own hurts/wounds**
  - **Formal Disclosure**
- **Sex Addiction Recovery tools for the addict**
  - **The process of forgiveness**
  - **Setting boundaries/Needs List**
  - **Grieving the lost and present needs**
    - **Creating intimacy**
    - **Rebuilding trust**

*Please return the enclosed questionnaire as soon as possible so that we can have some basic information before the weekend.*

The questionnaire can be emailed/faxed or scanned to [juell4@yahoo.com](mailto:juell4@yahoo.com) or mailed to the address at the top. We can accept visa, MasterCard, cash, or check. Refunds are possible up to 3 weeks in advance.

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_

Name:-----Date:----

Emergency Contact Person and phone: -----

Address: -----  
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Birthdate:-----

Phone:-----

Email -----

Occupation:-----

Circle what best describes your current relationship:

- Married and living together
- Married and separated
- Not married and living together
- Engaged
- Committed relationship

**Children's Names**

**Ages**


**Wedding date:** \_\_\_\_\_ **Number of previous marriages:**  
\_\_\_\_\_

**Therapist Name & Phone:** \_\_\_\_\_

**How has the therapeutic relationship been helpful to you?**-----  
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**If there are addiction issues involved in your marriage, drugs/alcohol, eating disorders, especially issues with pornography or sexual addiction, how long have you been in recovery? \_\_\_\_\_ What is your sobriety date? \_\_\_\_\_**

**Write a brief description of your recovery program and the resources you use ?**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Family of origin. Describe five adjectives for each parent and an example before the age of 12 of how each particular adjective impacted your life.**

**Mother:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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**Father:** \_\_\_\_\_

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**Describe any form of physical, emotional, sexual, or spiritual abuse that you may have experienced.**

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**How would you describe your marriage before and after discovery?**

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**What would you like to accomplish throughout the weekend?**

