Family Therapy Sessions / Programme

Confidential – For Assessment Purposes Only

Please! DOWNLOAD, PRINT & MARK your answers with a **RED** or **BLUE** pen and then scan and email your answers back to me at: contact@rehvolution.online

Please answer each question as honestly as possible. All information is kept confidential and is used only to assess your suitability for group therapy sessions.

Section 1: Highlight / Choose areas to cover

- ☐ Anxiety
- ☐ Depression
- ☐ Social Media Addiction
- ☐ Alcohol / Drug Addiction
- ☐ Phobias
- ☐ Loneliness / Agoraphobia
- ☐ Young Persons Mental Health
- ☐ Older Persons Mental Health
- ☐ Relationships
- ☐ Domestic Abuse
- ☐ Childhood Abuse
- ☐ PTSD / CPTSD other disorders…
- ☐ Mental Health
- ☐ Health & Wellbeing
- ☐ Weight Management
- ☐ Men's Health

OTHER…. *Please give details of the group you would like to see / join and why?*

REHvolution Services

Family Therapy Rules & Guidelines

Creating a Safe and Respectful Space for All
To ensure that every member benefits from a supportive and harmonious environment, the following rules must be understood, respected, and upheld by all participants throughout the course of therapy.

By attending REHvolution Services group therapy sessions, you agree to uphold these rules to ensure the safety, respect, and harmony of the group. Breaches of these rules may result in a discussion with the facilitator, and in serious or repeated cases, removal from the group.

🔒 1. Confidentiality is Mandatory

What is shared in the group stays in the group. Members must not discuss anything disclosed by others outside the group setting. This includes names, stories, or any identifying information.

🗣️ 2. Respect One Another's Voice

Only one person speaks at a time. Listen actively and respectfully without interrupting. Avoid cross-talking or side conversations while another person is sharing.

🤦 3. No Judgement, Criticism, or Shaming

This is a non-judgmental space. All members are free to express thoughts and emotions without fear of criticism, ridicule, or invalidation. This applies after each session also !!

In Fact, I encourage you NOT to discuss after each session, unless I ask you to do so as part of your Family homework assignments !!

👁️ 4. Speak From Personal Experience

Use “I” statements (e.g., “I feel…” or “In my experience…”) rather than giving advice, generalisations, or assumptions about others.

✋ 5. Participation is Encouraged but Voluntary

You are encouraged to engage in discussions, but no one will be forced to share more than they are comfortable with. Silence is respected.

🚫 6. No Aggressive or Abusive Behaviour

Verbal aggression, threats, discriminatory language, or physical intimidation will not be tolerated under any circumstances.

🧘 7. Respect Emotional Boundaries

Be mindful of others’ triggers and emotional limits. Avoid graphic or overly detailed accounts of traumatic events unless the group’s theme allows for that depth of sharing, and always with sensitivity.

⏰ 8. Punctuality & Consistency Matter

Please arrive on time and attend regularly. If you cannot attend, let the facilitator know in advance. Repeated absences may impact your place in the group.

📱 9. No Phones or Distractions During Sessions

Phones should be switched off or silenced during group. Avoid distractions like texting or leaving the session unless absolutely necessary.

🤝 10. Group Belongs to Everyone

This is a shared space. No one dominates; all voices matter equally. Allow time and space for quieter members to speak.

REHvolution Services

IMPORTANT – PLEASE READ FOLLOWING VERY CAREFULLY

Informed Consent for.... Therapy treatments

Thank you for your interest in availing of my services. Before starting your therapy, it is important to know what to expect, and to understand your rights as well as commitments. This consent form is an attempt to be as transparent with you as I can about the therapy process, so you are fully informed prior to starting your journey.

INTRODUCTION

Therapy is the process of resolving psychological problems, beliefs, and feelings of a person. It requires trust and confidence between the client and the therapist. The client should know his or her rights as well as the responsibilities for therapy. This informed consent should be able to explain the scope and limitation of this therapy including the rights and responsibilities of the parties to a therapy. If you have questions, please do let me know and I will be happy to answer them.

ABOUT THE THERAPIST

He is experienced in multiple forms of Counselling, Coaching and alternative psychological techniques based on the Isle of Man, British Isles. He specializes in Counselling for Family Dynamics & Crisis Intervention, also Health & Lifestyle Coaching / Mentoring / Training

He is particularly skilled in Family and systemic psychotherapy / Neuro Linguistic Programming / Acceptance & Commitment Therapist / Therapeutic Art Practitioner / Cognitive Behavioural Therapist / Emotional Freedom Therapist / Stress Counselling in the Workplace and a number of other techniques to help clients with deep rooted trauma and disorder issues.

SESSIONS

Sessions are scheduled by appointment, Monday through Friday from 10:00 am until 5:00 pm. In case you have a scheduled appointment, and you wish to cancel, please do let Rob know a day before the scheduled session. Your therapist may have the right to cancel your session.

RISKS & EXPECTATIONS

Therapy begins when one opens about him/herself and his/her life experiences. In order to bring out one's self-awareness, sharing that experience with the therapist is necessary. The therapist then helps reflect back to the client the information and helps on addressing the concerns. While undergoing therapy, old wounds, painful emotions, or traumatic experiences may be opened up again and may cause distress or discomfort. This is part of the working progress of one's therapy.

DATA & PROTECTION ACT 2018

The Data and Protection Act 2018 regulates the disclosure or distribution of patient information by health care providers to others. May it be personal information acquired by them or medical information that was created by them from the diagnosis upon a patient's consultation or transferred to them. This information is called "Protected Health Information" (PHI) and this cannot be transferred or used by health care professionals without prior written consent from the patients. In order for a PHI to be considered as such, it must be informed that they have received or they have created through the course of the practice of business by a health care provider, health care plan, or healthcare clearinghouse; it must be information relating to medical or mental health or condition, payments, or diagnosis or provision of a health care service provider or professional whether it be related to past, present, or future event or information relating to the individual; and lastly, it must identify the patient or individual.

CONFIDENTIALITY AGREEMENT

As a therapist, any information shared with us is considered confidential information, and this information is also covered by Data Protection Act 2018. He cannot disclose the information to anyone without first obtaining consent from you in written form. But please note that this confidentiality agreement between client and therapist is not absolute.

HERE ARE SOME LIMITATIONS

If your therapist has a good reason to believe that you will harm yourself or another person; or if your therapist has good reason to believe you are abusing a child or a vulnerable adult, or if your therapist believes that are committing sexual abuse on a minor/s.

QUESTIONS AND/OR CONCERNS

If you have any questions with regard to the therapy and its progress, or if you're getting unhappy with the therapy progress, please let me know immediately so I can address your concerns as soon as possible. Your criticisms and views are important to me. Feel free to contact me either via Whatsapp or directly through this phone number: +44 7624 266075 OR email me contact@rehvolution.online

CONSENT

By filling out this informed consent form I affirm that: I have read the information about the therapist and the therapy above and have understood them very well. I have had the opportunity to ask questions regarding the therapy that I will take as well as other information about the therapy and all of which have been answered by the therapist and to my satisfaction. I understand the information about Data Protection Act 2018 as well as the confidentiality agreement that is set in this informed consent form. I understand my rights as well as my responsibilities as a client/patient to this therapy. Following all the understanding above, I hereby give my full consent to the foregoing treatment.

Please list youngest client first:

AGE OF CONSENT

- ○ I am of legal age, and I voluntarily enter this agreement with full knowledge and competence.
- ○ I am a minor. However, my parent/guardian gives his/her full consent for my foregoing treatment.

CLIENT 1

Client Name:

Today's Date: / /

Signature: _____

Legal Guardian Name:

Today's Date: / /

Signature: _____

Additional parties to this Family Contract:

CLIENT 2..

Client Name:

Today's Date: / /

Signature: _____

CLIENT 3..

Client Name:

Today's Date: / /

Signature: _____

CLIENT 4..

Client Name:

Today's Date: / /

Signature: _____

By signing this informed consent and in my capacity as a therapist:

1. I affirm that I have fully explained the information here in this informed consent document to the client/patient and or their guardian by which the information shared was well understood by the said client/patient.

2. I have given the client/patient and or their guardian the opportunity to ask questions and all which were answered to the best of my knowledge and to the satisfaction of the client/patient's understanding

THERAPIST DETAILS:

NAME: Robert Edmanson-Harrison (AMRSPH)

DATE: / /

Signature: _____