

CONSENT TO TREATMENT

Working with IFS

Internal Family Systems (IFS) is an evidence-based therapeutic modality founded on the principle that our systems are constructed of multiple “parts”, vying for control of the person in order to best keep us safe in the ways they’ve learned how.

IFS is a response to needs in an individual to resolve internal conflicts, release extreme beliefs and emotions causing pain in the person’s life or relationships and to re-instate the Leadership of the person’s Self in all matters; thus creating more capacity for a Calm, Creative, Compassionate, Courageous approach to living.

IFS sessions may access parts that express cognitive, affective, somatic, energetic and sexual responses. During treatment patients may have experiences which may evoke other past experiences and / or emotions which may have been suppressed for many years. The purpose of the treatment is to support the client to develop the relationship between “Self” and “Parts” in order to develop the capacity to hold, tolerate and act in support of those parts whose experiences have not been fully witnessed and to integrate those parts and their needs / intentions into a healthy functioning system.

The entire treatment is patient-led and by signing this consent form before treatment the patient indicates that they understand that they may stop or pause any session at any time by signaling to Emma that this is what they want.

Working with Emma

Sessions will be 1 hr in duration, unless discussed otherwise, and when conducted online will be via Zoom.

Emma will send a Zoom link for the virtual space at least 1 hour before the session, if not at the time of booking. A meeting password will be required.

Although Emma’s specialism is in working with sexual and relational parts, all parts are welcome in IFS sessions, including any relational parts that are evoked towards Emma during sessions. It’s normal for a person’s system to want to establish trust with the practitioner and Emma welcomes whatever needs to be spoken to create safe space for conducting the inner work and being able to turn the attention of parts back to the client’s Self.

All IFS terminology and definitions can be discussed, if relevant, with Emma during the therapeutic process, although this is not essential and it is Emma’s responsibility to ensure the client progresses towards increasing Self Leadership, irrespective of the client’s understanding of the model.

Client anonymity will be protected at all times and the content of sessions may be reviewed during clinical supervision sessions with a Qualified IFS consultant.

Communication with Emma around personal process must be reserved for, as far as possible, session time, in order that parts can be attended to with the care and respect they deserve by Emma and that she is available to take care of her own parts and the parts of other clients between contracted sessions.

Payment and Cancellation Policy

Payment is required in full within 24 hours of booking confirmation.

Session payments can be made by direct bank transfer to:

Miss E Harper, Triodos Bank, Sort Code: 16-58-10, Account No: 20849605.

For International Payments please use the Paypal link on my website. Cash payments can be accepted for in-person sessions by prior arrangement.

Cancellations made with over 3 days notice are fully refundable or transferable to a rescheduled session. Cancellations made with between 1 and 3 days notice are subject to a 30% cancellation fee. Cancellations made with less than 24 hours notice will be charged in full.

CONSENT TO IFS TREATMENT

As a client I understand my responsibilities are to:

- Be open to the principles of IFS and to engaging with myself as a system of Multiple Parts
- Hold a positive intention for myself for engaging with this model and process and build trust in my own capacity to heal my relationship with myself.
- Be responsible for my own experience, speaking up for my needs or the direction I'd like to pursue in a session
- Name anything inside or outside a session that is impacting my sense of safety and capacity to feel present to the session, including dynamics in the therapeutic relationship, where I feel safe to do so.
- Honour Emma's Self-care, payment and cancellation policy and communication boundaries outside sessions
- Create space in my daily life after sessions to follow through on actions arising during sessions which support my systems healing and in particular to make space to conduct check-ins with any vulnerable parts of myself that were contacted.
- Notify Emma of any additional Therapeutic relationships I enter into
- Honour my body and include it in my process, making sure to allow any movements, sounds or emotions that want to mobilise where that feels like a new possibility
- Be gentle and patient with myself through the process, giving myself time
- Remain free from drugs and alcohol before and during sessions (and ideally directly afterwards)
- Make a note of and notify Emma of any difficult feelings or reactive behaviors that arise in response to a session.
- Set up a safe space where I will not be interrupted, and using a laptop or desktop computer (or large screen) for any online sessions.
- Be open to my own transformation and creating a transformation in the ways I relate with others.

Declaration

I, _____ (full name)

Of, _____ (address)

hereby confirm that I have done sufficient research for myself, or understood the materials provided by Emma, to feel confident about undertaking this process. I feel enthusiasm to get started and I do so willingly and holding a positive intention for myself.

I confirm that I have made full disclosure to Emma of any relevant medical history (psychiatric disorders, active addictions), or any information that may affect my process, and that I consent to treatment and take full responsibility for any consequences, including but not limited to medical and psychological reactions, that may arise from treatment.

I have taken a look at the information available on www.emmakharper.com, as far as feels relevant for me to feel into the suitability of Emma for supporting me in this work. I understand that she is currently in her Certification Process and Continuing Education in the IFS Community and not a fully Certified Practitioner yet. I also understand that the treatment is patient-led at all times and that Emma will stop or modify the process taking place if requested to do so by me at any time.

Signature _____

Date _____