



EMDR for All Our Parts

Claire van den Bosch & Bethany Parris

www.ifswithemdr.com

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IFS with EMDR Meditation Group

Consent Form

In summary, I understand from the information sheet already provided that:

- This group is not therapy. However, I understand that there will of course be therapeutic value through attending.
- Bethany Parris and/or Claire van den Bosch will be providing a facilitated meditation integrating IFS and BLS.
- The purpose of this group is to strengthen and develop my own internal resources and to provide me with additional therapeutic support and input within daily life. This is not an interactive group where I will have opportunities to speak with Bethany, Claire or other participants.
- If during the reflection/meditation time there are issues that arise for me that I wish to discuss, I will arrange to discuss this with my therapist. If I am not currently in therapy, I will speak with whoever referred me to the group to discuss how to access additional support. I also understand (after having discussions with whoever referred me) that I may email info@ifswithemdr.com to discuss how to access additional support.
- If I am currently experiencing issues with active dissociation, I understand that a group like this which is conducted in silence may not be the most helpful therapeutic choice at this point in time. I will discuss attendance with my current therapist or inform Bethany and Claire about any current issues with dissociation prior to signing up.
- This group is not a closed group but an open one, and that participants' attendance will likely differ each session.
- My microphone will remain muted throughout and the chat function will be disabled.
- When I log in, I will provide written identification on screen using my first name only. I also understand that if I am not comfortable giving my full name, I can use an initial only (such as 'B') as my screen name for an additional layer of anonymity. I understand that I will **not** be asked to unmute and identify myself to the group at any point.
- I can choose to have my camera on or off, although I understand having my camera switched on may support my active engagement in the session.
- I also understand that ifswithemdr.com reserves the right to change the policy of allowing cameras off. In the event that this policy changes I understand that Bethany and Claire will email all those listed as having participated historically, to ensure we are aware that future meditations will require cameras to be switched on.
- I will seek to respect the therapeutic space at all times. This means I will endeavour to not take calls or conduct private conversations on screen during the meditation.
- I understand that the **audio only** will be recorded to provide those who attend with a recording of the meditation. For all meditations that I attend, an audio recording link will be sent out within a week of the live meditation taking place. Recordings will only be available to those who attend on the day.
- I understand that ifswithemdr.com is operating a 'Pay it Forward' policy. If cost is an issue, I can email info@ifswithemdr.com to discuss this.
- Finally, I understand that Bethany Parris and Claire van den Bosch may contact me at different points to invite voluntary feedback regarding my experience of the meditations.

Printed Name: _____

Name I will use on Zoom: _____

I agree to be added to the general EMDR for All Our Parts mailing list to hear about other events: Yes/No

Signature: _____

Date: _____