

# Personal Development Breakthrough Homework

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## SECTION A.....

If you answered "Yes" to any part of question 4, indicating that you are currently in therapy, or have been in therapy during the last year, we require that you discuss the advisability of taking Breakthrough with your current or previous therapist. Please ask your therapist to read the first three paragraphs of the "Therapists/Physician's Release" although he/she is not required to sign the release.

We also urge you to express any concerns you may have and listen closely to any concerns your therapist may have for you. We strongly recommend that you follow your therapist's advice as to whether or not this is an appropriate time for you to take Breakthrough. If your therapist requires more information, he or she is welcome to review this form and call us (702) 838-3988.

Once you have spoken with your therapist, please complete the following:

I have talked with my therapist, (please print therapist's name) \_\_\_\_\_ and asked his/her opinion about my participation. My choice to participate in ChoiceCenter Personal Effectiveness Breakthrough is made with the benefit of my therapist's advice.

Participant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

## SECTION B.....

If you answered "Yes" to questions 5, 6, 7, or 8, we recommend that you strongly reconsider your participation in ChoiceCenter Personal Effectiveness Breakthrough. We are not qualified to assess your current state of health, nor do we offer the kind of expert assistance you may require in the event of a problem. If, upon reconsidering, you choose to participate, you must consult with your counselor or therapist (or physician in the case of question 8) and obtain his or her signature on the following "Therapist/Physician's Release" before you begin the workshop.

### RELEASE.....

To be signed by your Therapist or Physician only if you answered "Yes" to questions 5, 6, 7, or 8 in the previous Confidential Health information section, and choose to participate in the Breakthrough against our recommendation.

Dear Counselor or Doctor,

Your client has expressed the desire to participate in the Breakthrough Workshop. We require that he/she discuss this choice with you. If you are not already familiar with ChoiceCenter's Personal Development Breakthrough course, or desire additional information, please feel free to call us at (702) 838-3988.

We believe that those who benefit most from participating in our courses are healthy people whose lives are already working well. Our programs ask participants to examine many of the central concerns of modern adult life in relation to their own lives and their ability to produce effective action.

*The courses are interactive and experiential, not conceptual or abstract. Therefore, a student's emotions are likely to come into play as they engage in the process of self-examination. We encourage direct communication and honesty from all participants. During the workshop many participants find that they are able to remember and confront issues they do not feel comfortable dealing with in their day-to-day lives. While this is valuable for most, it may not be appropriate for some individuals.*

*We do not wish to interfere with the therapeutic relationship in any way, and the ChoiceCenter Personal Development Breakthrough course is not for those with problems that should be addressed in therapy, and are not conducted by trained mental health professionals. We feel it is important for you and your client together to determine the appropriateness of his/her participation.*

*The structure of the workshop calls for a great deal of activity and participation, unlike some classroom*

*settings in which participants sit most of the time. If your client has a medical condition that may be affected, please take note of the*

*structure and the hours of the workshop.*

*We request that you review the information contained in the Outline and Questionnaire, and discuss with your client the appropriateness of his/her participation in the Breakthrough Course Workshop at this time. If you agree that your client's participation is appropriate, please indicate your willingness to allow your client to participate in Breakthrough by signing below.*

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