
SECTION 3 – READINESS & APPROPRIATENESS

Please review and respond honestly. This group is integration-based and not designed for crisis or trauma processing.

Are you currently receiving individual psychotherapy?

- Yes
- No

Are you currently experiencing acute mental health crisis or instability?

- Yes
- No

Are you currently struggling with substance instability that may interfere with sober participation in group sessions?

- Yes
- No

If you answered “Yes” to any of the above, please briefly describe:

SECTION 4 – PARTICIPATION ACKNOWLEDGMENT

Please initial each statement:

____ I understand that the HMT Integration Group is an educational and integration-based offering.

____ I understand this group is not a substitute for individual psychotherapy or crisis services.

____ I understand I am responsible for assessing my own readiness and stability for participation.

____ I agree to attend sessions sober, regulated, and prepared to engage respectfully.

Participant Signature: _____

Date: _____



HMT – Healed Mind Therapy

Integration Group Agreement

This agreement outlines the structure, expectations, and boundaries of the HMT – Healed Mind Therapy Integration Group.

CORE HMT PRINCIPLES

This Integration Group operates within the foundational principles of HMT, including:

- Our perception creates our experience
 - No one heals alone - healing unfolds when the individual is ready
 - Love, compassion, gentle correction, and boundaries together form the healed response to a call for love
 - Take action within your control and release what is outside of it
 - Everyone is doing their best each moment
 - Boundaries are an expression of love
 - Attack toward self or others perpetuates suffering and gets us stuck
 - Accountability means empowered awareness and gentle correction without self-attack
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GROUP STRUCTURE

Each session includes brief teaching or reinforcement of HMT principles led by Amanda or an HMT Integration Facilitator.

Participants may share:

- Where they are integrating HMT successfully
- Where they are experiencing difficulty applying the work
- A real-life scenario involving thoughts, emotions, and behaviors

One scenario is explored at a time. Time is directed and facilitated to maintain clarity and depth rather than scattered discussion.

This is a guided integration environment, not an open-processing forum.

Healing is not linear. There is only awareness and opportunity. All stages of growth are respected equally.

WHAT THIS GROUP IS NOT

This group is not:

- A space for spiritual bypassing
- A place to seek validation for thoughts generating suffering
- A replacement for individual psychotherapy
- A substitute for trauma-focused or childhood-focused therapeutic work

Compassion is foundational here; however, this group is centered on integration and correction, not reinforcement of fear-based narratives.

ZOOM GUIDELINES & ATTENDANCE

- Use first name only (no last names)
 - Camera is encouraged, especially when speaking
 - The group meets weekly at 8:00 PM EST on Zoom
 - Participants may join late if needed
 - The same Zoom link remains active unless otherwise communicated
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CONFIDENTIALITY & RELATIONAL BOUNDARIES

Everything shared within the group is confidential and is to remain within the group.

Participants agree to:

- Refrain from discussing personal disclosures outside the group
- Ensure discussions involving someone present in the group are consensual, non attacking, and HMT aligned
- Protect the privacy and dignity of others at all times

While confidentiality is expected, absolute guarantees cannot be made in any group setting. Participation reflects shared responsibility for privacy and respect.

If friends or family members join, the same confidentiality standards apply.

The integrity of this space depends on mutual respect and discretion.

SOBRIETY & PRESENCE

Participants are expected to attend sessions sober, regulated, and prepared to engage respectfully.

If sobriety is unstable or significant emotional distress is present, individual support is recommended before or alongside participation.

The safety and integrity of the space depend on presence and self-responsibility.

SCOPE OF OFFERING

Although Amanda Hindley holds the designation of RN Psychotherapist, the HMT – Healed Mind Therapy Integration Group operates as an educational and integration-based offering.

This group does not constitute individual psychotherapy services. Participants seeking individualized treatment, trauma processing, or regulated psychotherapy should pursue separate clinical work.

LEADERSHIP & FACILITATION

The HMT – Healed Mind Therapy Integration Group is led by Amanda Hindley.

As HMT expands, sessions may occasionally be facilitated by a designated HMT Integration Facilitator who operates within the HMT framework under Amanda's guidance.

Advancement within HMT is based on demonstrated integration, authenticity, alignment with HMT principles, and the ability to assist others.

PARTICIPATION & DISCRETION

Adherence to group agreements is required to maintain the integrity of the container.

If confidentiality, sobriety expectations, or relational boundaries are repeatedly violated, participation may be paused or discontinued at Amanda's discretion.

The goal of discretion is not punishment, but protection of the group and those within it.

RECORDING & USAGE

Sessions are recorded.

Participation constitutes consent to recording.

Recordings are distributed to active monthly members for personal integration purposes only and may not be shared, copied, or reproduced.

Confidentiality extends to all recorded material.

PAYMENT & MEMBERSHIP

Monthly Membership – \$90/month

Includes access to all weekly sessions and session recordings.

Payment is participant-managed. Automatic e-transfer is recommended.

Drop-In – \$30/session

Payment is made prior to or at time of attendance.

Drop-in sessions do not include recordings.

Members are asked to uphold the integrity of the group by compensating for participation honestly and in alignment with their agreement, to the degree that feels most loving and responsible for them.

AGREEMENT & ACKNOWLEDGMENT

I have read and agree to the terms outlined in both the Intake and the HMT Integration Group Agreement.

Full Name: _____

Signature: _____

Date: _____