Transparency with Consent - Session activity

Facilitate a structured practice of transparency with consent with preparation, reflection, and an agreed closing.

Mental health professionals | 30 minutes

Fictional example: Lee and Quinn consider how to discuss future contact without exchanging every password.

0-5 min | Agree on purpose and fit

Explain the educational scope. Ask what would be useful, check readiness and access needs, and establish choices to observe, adapt, or pass. Use an ordinary example; do not solicit trauma narratives.

5-10 min | Orient with an example

Transparency should be negotiated rather than imposed through coercive monitoring. Fictional example: Lee and Quinn consider how to discuss future contact without exchanging every password. Ask what is observed and what remains uncertain.

10-20 min | Practice and compare

Compare information-sharing options, privacy needs, limits, and the right to seek independent guidance. Offer quiet individual work, a supported conversation, or an observing role. Compare two possible responses without evaluating people as right or wrong.

20-25 min | Reflect on meaning

What would informed consent look like for this arrangement? Ask what fit, what did not fit, and how culture, power, disability access, or external conditions affect the options.

25-30 min | Integrate and close

Invite one optional next step or support request. Orient to the current setting, allow an unfinished question to remain unfinished, and agree how to revisit it. End early or adapt if activation increases.

Adaptations

For a group, use fiction and no compulsory round-robin disclosure. For remote use, allow off-camera reflection and private notes. For brief use, keep one example and one question while retaining opening and closing choices.

Reflection

What adaptation or follow-up is needed?

Scope and adaptation

Joint work requires private assessment of coercion, violence, fear, and retaliation. Do not require graphic disclosure, passwords, surveillance, reconciliation, forgiveness, or sexual contact. Accountability for deception is not assigned to the hurt partner. Support individual agency and appropriate medical, legal, or safety consultation without using this worksheet as professional advice.

Original AI-assisted educational draft; independent clinical review pending. Version 1.0. Background: Integrative Model of Affair Recovery. Full source links and scope: library.morethantherapy.org/recovery/resources/INF-A09-4