**PARENTAL/CARER CONTRACT AND CONSENT FOR THERAPY**

**PLEASE READ THIS FORM CAREFULLY BEFORE THERAPY SESSIONS COMMENCE.**

The purpose of this form is to share some important principles, which guide my therapeutic practice, so that your decision to place your child/adolescent into therapy with me can be based on accurate, informed expectations. Please read this carefully and feel free to ask any questions about what you have read if you need further clarification.

**THERAPY**

Therapy is a process which relies heavily on building a trusting relationship between therapist and client. This takes time in order for a young person to open up and for the therapist to understand what the young person is struggling with. To do justice to your child or adolescent they need time to be in a process that is going to bring them long term change.

I utilise play and creative activities including Sandplay Therapy which allow a child/young person to externalise their thoughts and feelings, supporting them to work through anxieties, confusing emotions, and past experiences at their own pace. Through this they can build confidence and improve self-esteem and emotional regulation as the child/young person is given opportunities to externalise their internal world in a method they feel most comfortable with.  
  
Creative therapies provide opportunities for the child/young person to build a trusting rapport with a client-centred therapist who supports the child/young person to develop their problem-solving ability and emotional management within a safe environment.  
  
Play and creativity is the natural medium through which children learn, communicate and explore. Play Therapy helps children to explore and understand the feelings that distress them and to make sense of their life experiences in the presence of a trained therapist.

**CONFIDENTIAILITY**

In general, one of the most important rights the person seeking therapy has involves confidentiality, even if it is a young child. Information revealed by a client during the sessions will be kept strictly confidential and will not be revealed to any other person or agency without written permission, with the following exceptions.

In order to maintain professionalism, as a therapist I am required to be supervised by another experienced therapist. However, all client information is kept confidential.

Confidentiality has some legal limits as well. There are situations where the therapist can be required to reveal information obtained during therapy to relevant agencies or professionals without the parent or child permission. These situations involve harm to the self, harm to others and any safeguarding concerns. Whenever possible the child/adolescent/parent or carer will be informed before these concerns are shared.

**CHILDREN AND CONFIDENTIALITY**

Therapists who work with children have the difficult task of protecting the child/adolescents right to privacy while at the same time respecting the parent’s or guardian’s right to information.

Therapy is most effective when a trusting relationship exists between therapist and client. Privacy is especially important in securing and maintaining trust. One goal of treatment is to promote a stronger and better relationship between child/adolescents and their parents. However, it is often necessary for the child or adolescent to develop a “zone of privacy” whereby they feel free to discuss personal matters with greater freedom. This is particularly true for adolescents who are naturally developing a greater sense of independence and autonomy.

It is useful if you do not ask your child/adolescent what they discussed after each session. However, if they wish to share anything with you that is their choice, but they should not feel pressured to do so.

I will not share with you what your child adolescent has disclosed to me without your child’s consent. (However, this is not applicable if it is a safeguarding concern.

If it is necessary to refer your child to another mental health professional with more specialised skills. I will share that information with you and recommend and appropriate referral.

**SESSIONS AND CANCELLATIONS**

Sessions last 45 minutes, this is due to the play, art, and creative materials that we use in sessions and allows for tidying up and cleaning in between sessions to reduce any risks of COVID. You are welcome to leave and return or wait outside. I use a booking system for rooms which are paid for in advance. This means I require at least 24 hours cancellation notice prior to the session. If appointments are not cancelled within this time frame, then fees will be due unless there have been unforeseen circumstances.

**FEES**

Parent consultation/assessments is £50 and weekly sessions are £50.00, however if your family are under financial pressures this may be reduced. Fees can be payable by cash or bank transfer before or directly after session.

**DATA PROTECTION**

The only data I collect is name, address, email and telephone number of parent and carer of the child or young person I am working with. I am obliged to keep notes on the key issues that are discussed during the sessions, and they will be kept for 6 years, then they will be destroyed by a shredder.

**ACKNOWLEDGEMENT AND CONSENT**

By your signature below, you are indicating that you give permission for your child/adolescent to be in therapy with Michelle Duffy, and that you have read, understood, and agree to the information provided by this consent form. Please return this form to me as soon as possible.

**CONSENT FORM**

**Child’s Name: ………………………………………………………………………………………………………………..**

**Parent/Guardian’s Signature: ………………………………………………………………………………………….**

**Date: ……………………………………………………………….**

**Telephone: ……………………………………………………………………………………………………………………..**

**Email: ……………………………………………………………………………………………………………………………..**

**Second Parent/Guardians Name: …………………………………………………………………………………….**

**(If applicable)**

**Telephone: ……………………………………………………………………………………………………………………….**

**Email: ………………………………………………………………………………………………………………………………..**