

# WHAT IS THERAPY?

How to explain therapy to a client, build your rapport, and ensure you have your ethical, legal, and professional discussions covered.

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## Informed Consent

Informed consent is the first and most important step to your therapeutic relationship with a client. This is an ongoing process in which the **client is provided with sufficient information about the nature and purpose of treatment, proposed interventions, potential benefits and risks, alternatives to treatment, confidentiality and its limitations, client rights, and the voluntary nature of participation so that the client can make an informed decision regarding treatment.**

### Key Component of Informed Consent

- **Nature and purpose of therapy**
  - What therapy is
  - Treatment goals
  - What the therapeutic process may involve
- **Risks and benefits**
  - Potential benefits of treatment
  - Possibility that discussing traumatic or distressing experiences may temporarily increase emotional distress
- **Treatment options**
  - Proposed interventions/modalities
  - Alternatives when appropriate
  - The client's ability to participate in treatment decisions
- **Confidentiality**
  - What is kept confidential
  - Who may have access to information
  - Limits of confidentiality
- **Client rights**
  - Right to ask questions
  - Right to participate in treatment planning
  - Right to refuse an intervention
  - Right to discontinue treatment, subject to applicable circumstances
- **Professional boundaries**
  - Therapist's role
  - Appropriate therapeutic boundaries
  - Communication outside sessions
  - Policies regarding emergencies and crisis situations
- **Consent is ongoing**
  - Consent isn't simply something signed during intake.
  - The client should have opportunities to ask questions and provide or withdraw consent as treatment progresses.

**For trauma focused therapy/EMDR specifically, I'd also recommend explaining that informed consent should include the possibility that trauma processing may temporarily increase distress, memories, emotions, physical sensations, or other reactions, and that the client can communicate if they need to slow down, pause, or modify the intervention.**

It is not always as easy as hearing a 'yes' and moving forward. **Clients do say 'no' and they do revoke their original consent. Now what?**

*If a client revokes consent for therapy or for a specific intervention, the therapist should treat that as an important exercise of client autonomy and clarify exactly what the client is withdrawing consent for.*

**The client has the right to decide whether and how they participate in treatment, while the therapist remains responsible for practicing within applicable legal, ethical, and professional requirements.**

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### Revoking Consent Next Steps:

**1. Stop the intervention they no longer consent to:** Don't pressure, persuade, or continue the intervention simply because it was previously agreed upon.

You might say: *"Thank you for telling me. You have the right to change your mind about treatment or about a specific intervention. Let's slow down and talk about what you're comfortable with moving forward."*

**2. Clarify what they are withdrawing consent for:** There is an important difference between:

- *"I don't want to do EMDR anymore."*
- *"I don't want to talk about this particular trauma."*
- *"I don't want to participate in therapy anymore."*
- *"I don't consent to you contacting my parent/spouse/other provider."*
- *"I don't want this particular person involved in my treatment."*

*Clarifying the scope helps prevent accidentally assuming that the client has withdrawn consent for all treatment.*

**3. Explore—but don't challenge—the decision:** The purpose isn't to convince them to continue. It is to understand whether there is a safety concern, misunderstanding, treatment mismatch, discomfort with the intervention, or another issue that needs to be addressed.

You can ask:

*"Would you be comfortable telling me what is making you want to pause or withdraw consent?"*

**4. Discuss alternatives when appropriate:**

For example:

*"We don't have to continue with that approach. We can talk about other treatment options, focus on stabilization and coping skills, or take a different direction based on what feels appropriate for you."*

*This maintains collaboration while respecting the client's choice.*

**5. Document the revocation:** Your note should generally document:

- *What the client declined or withdrew consent for*
- *How the client communicated the decision*
- *The therapist's response*
- *Any alternatives discussed*
- *Any relevant risk/safety assessment*
- *The treatment plan moving forward*

### If the client wants to terminate therapy entirely...

If the client says, *"I don't want therapy anymore,"* you should generally respect that decision while addressing clinically appropriate termination and continuity-of-care issues. *"I respect your decision to end therapy. Before we finish, I'd like to make sure we talk about anything you may need for a safe transition, including your current level of risk, resources you can use if things become difficult, and whether you'd like referrals for continued care."*

### Important distinction: Consent vs. Safety/Legal Obligations

*Revoking consent doesn't necessarily eliminate the therapist's other legal or ethical obligations. For example, confidentiality has legally recognized exceptions, and specific safety or court-related circumstances can affect what a clinician is required or permitted to do.*