



## Therapeutic Counselling Contract

**Practitioner's name:** Emma Wilson

**Client Name:**

Please read the information below carefully as it forms an agreement as to how we will work together and is part of my professional obligations regarding counselling provision. At our first session I will set some time aside for us to discuss this agreement and answer any queries that you may have. I will ask you to sign the agreement to show that you understand its contents.

### **Qualifications:**

I am a Registered Member MBACP (Membership number 00920239) of the British Association for Counselling and Psychotherapy (BACP) and as such abide by their Ethical Framework. I am qualified to work with Adults, Children and Young People. Please see – <https://www.bacp.co.uk/events-and-resources/ethics-and-standards/ethical-framework-for-the-counselling-professions> for more information.

### **The way that I work**

There are a variety of approaches to the way practitioners work with their clients. I have been trained to provide an Integrative therapeutic approach combining Person Centred Counselling, Cognitive Behavioural Therapy and Gestalt Therapy. This method of therapy means that I am able to offer holistic support tailored to what the individual needs in that moment rather than being restrained by one modality of counselling. Please see - <https://www.bacp.co.uk/about-therapy/types-of-therapy> for more information on different therapeutic approaches.

### **Session Agreements – *delete as appropriate***

We will have sessions weekly/fortnightly/monthly which will be held online video call/telephone. We will book the following session at the end of each session.

The preferred session method is Zoom/Teams/WhatsApp/Mobile/Landline call.

I provide both short and long-term therapy and we can discuss the planned duration of our work together during our initial session. The first 6 sessions will be form the assessment period, whereby we will work together to asses if it is appropriate for us to work together and to ensure that we can develop a therapeutic working relationship. I have a professional commitment to work ethically and within the bounds of my competencies. If we are unable to continue after the assessment period I will endeavour to signpost to you or refer you on to another therapist. Once the assessment period has concluded we will continue to review your progress approximately every 6th session.

### **Ending Therapy**

Throughout our sessions we will reflect and plan the ending of our therapeutic relationship. This is important as it allows both of us time to work through any issues, or concerns and ensures that when you complete your therapeutic journey that you feel empowered and equipped with the skills to flourish in your future life-without-therapy. Should you wish to terminate your therapy with me in advance of a planned ending (as above) I recommend at least two sessions to address any unresolved issues and finish in a safe manner.

### **Contact between sessions**

I normally work **Monday and Friday** between **10 am and 6pm, and Saturday 10am – 2pm**. Other than cancellations we will not correspond in between sessions unless by prior arrangement. In case of an emergency or cancellation, I can be contacted during my normal working hours by email or text. I will endeavour to reply to you as soon as possible, but there may be a delay due to me not working full time.

If you require urgent professional therapeutic support please contact NHS direct telephone 111, your GP, the emergency services or the Samaritans freephone 116123.

### **Supervision**

All members of BACP are required to have regular supervision. My work continues to be supervised to ensure that it is safe, ethical and effective. Aspects of our work may be discussed during these sessions, but no full name will be used and identifiable details removed. My supervisor is a member of the BACP and as such they are bound by the same confidentiality rules as myself.

**Fees**

I charge a fee of £50 per 50 minute session which is payable at the time of booking the appointment.

**Cancellations, Failure to attend fixed slot sessions**

I require **at least 48hours** hours' notice of a cancellation via a text or email to avoid the full fee being charged. If you arrive late unfortunately, I will not be able to extend the session, as this will affect my other appointments.

**Confidentiality**

I have been given a copy of the Balanced Life Confidentiality Policy and agree to its terms including where breaches of confidentiality are necessary, and I have provided my GP and Next of Kin details should they be needed.

**Privacy and GDPR**

I have been given a copy of the Balanced Life Privacy Policy and understand and agree to its terms as outlined in the policy.

**Working Therapeutically Online and over the Telephone troubleshooting Guide**

I have been given a copy of the Balanced Life Working Therapeutically and over the telephone troubleshooting guide and I have read, understood and agree to the guidelines.

**Complaints**

If there is anything that you don't understand about this agreement, or if you would prefer it in a different format, please let me know. Similarly, if you are not happy with any of our sessions or the standard of my work, I hope that you would feel able to talk to me about this.

If you feel unable to talk to me or in the event of a serious complaint, please contact BACP's Get help with counselling concerns service (formerly Ask Kathleen), which provides confidential telephone and email guidance on what to do if you have concerns about your therapy or therapist. Phone 01455 883300 or 07811 762114 or 07811 762256. Please leave a message or email [gethelp@bacp.co.uk](mailto:gethelp@bacp.co.uk), or write to BACP, 15 St John's Business Park, Lutterworth LE17 4HB.

I have read this contract carefully and I understand and agree to its contents.

**Signed client**

**Date**

**Signed therapist**

**Date**