**Art Psychotherapy - Working Alliance and Informed Consent Contract - Under 18s**

Thank you for choosing me to work with your child/young person. I am pleased to offer them the opportunity to receive Art Therapy. Before any work may begin, I ask that you to take the time to read this, so we can sign it together. The purpose of this document is to share with you the important principles that guide my therapeutic practice, so that your decision for them to begin therapy, is based on accurate and informed expectations. Informed consent is valid until the ending of the therapeutic relationship; you have the right to revoke consent(s) at any time.

**What is Art Therapy?**

“Art therapy uses art as the primary mode of expression, alongside talking with an art therapist. It aims to reduce distress and improve social, emotional and mental health by promoting insight, self-compassion and a sense of agency and self-worth. During art therapy, you are supported by an art therapist to use art to express and articulate often complex thoughts and feelings through art making.” - <https://baat.org/art-therapy/what-is-art-therapy/>

I am trained to a professional standard and I work ethically in accordance with my membership of the HCPC - The Health and Care Professions Council - <https://www.hcpc-uk.org/>

**Therapeutic Relationship**

Therapy is based on a mutual trust between your child/young person (the client) and me, (the therapist). It can take time for an unguarded relationship to grow. In order to honour the therapeutic alliance, it is important to acknowledge the time this may take. Allowing your child/young person adequate space to process the material that is being brought, is an important part of the journey. In my experience six weeks is a sufficient amount of time, to decide if we can form a trusted therapeutic relationship together. In order to honour the therapeutic alliance that we will be working towards, it’s of value to acknowledge the time this may take. Allowing your child/young person adequate space to process the material that is being brought, is another beneficial part of the journey.

Giving your child/young person a proper opportunity to work with the art materials, is also something else to consider and if at the end of our six weeks together, they don’t feel like working in art therapy is best suited to them, I will endeavour to refer them to a colleague who may work within an alternative discipline of psychotherapy.

It can be helpful to remember that our relationship is a professional one, and not a social one.

It is important for you as the parent/carer/guardian to respect the privacy and sanctity of the therapy space and of the work, that I will be sharing with your child/young person. Please be reassured that if there is something of importance, that I feel you ought to be aware of that, I will reach out to you to discuss this. It is important to note that a child/young person has the right to privacy and confidentially which is legally established in the Human Rights Act 1998, Article 8.

If there is something that you feel I ought to know, I would ask that you email this to me. Although it is likely that I will not directly bring this into the session with your child/young person (so as not to undermine the therapeutic relationship) I will endeavour to hold the information in mind, when I am working with your child/young person.

It is very important that your child/young person can trust the privacy and space of the session. Our careful and mindful communication and respect for each other, will play a fundamental role in the success of their therapy.

Included in the work with your child/young person, is a thirty-minute zoom or call, once per half term.

This is not an opportunity for me to divulge exactly what has been shared in the sessions, but more as a space for us to reflect together on how the therapy is developing, in general terms.

Any contact outside of this space is charged as follows:

Meetings with school/outside agencies £95 per hour

Unplanned calls that last longer than 10 minutes are charged at £25 per fifteen minutes

Report writing £150 per report

Please note I will only see children/young people at their school.

The work with children/young people is term time only.

**Confidentially and Safeguarding**

One of the most important aspects of working in therapy, is the right for the work to be confidential. Information revealed by them in a session will be treated with the upmost respect and will not be revealed to any other person or agency, without their permission, with the following exceptions:

1. I am legally required to receive comprehensive supervision to support my work. At all times, shared information and artwork, will be anonymised - client confidentially is paramount, at all times
2. If I believe that they are at risk of harm, or there is a risk of harm to others or any safeguarding concern; I am legally required to report this to the relevant organisation. If it is possible, I will always try to discuss this with them first
3. If I am required by law, to disclose aspects of the work

**Artwork, Record Keeping and Data Protection**

Artwork is kept securely throughout the duration of the therapy. When the sessions end it is their decision as to whether, they take their artwork away. This is an important part of our work together. Any artworks not taken home, for any reason, will be held for one calendar month after the last session, before being confidentially disposed of. Any photographs of their artwork will be stored digitally on a confidential and secure device and deleted one calendar month after the last session, unless you have given your consent for them to be used anonymously for the purpose of training, education, research or publication.

I am obliged to keep brief written records of the themes of each therapy session. These will be securely, digitally stored and are fully compliant with the General Data Protection Regulation (GDPR). I am also registered with Information Commissioner’s Office - <https://ico.org.uk> Records are kept for six years after the end of therapy, at which point, they are confidentially destroyed. (If the client is under 18, notes will be kept for 6 years, after their 18th birthday.)

The personal data that I collect from you, is your name and your child/young person’s name, their; date of birth, address, email and contact numbers and their GP’s details. Information obtained in your ‘Therapeutic Assessment’ session will be securely stored in accordance with the GDPR regulations.

* Any information that you have provided to me, will be kept on a secure password protected device
* I will use your email address and/or phone number to communicate with you regarding appointments and to reply to you, if you make contact with me
* I will not share your data with any other third party unless I have your permission, or, if I am concerned about their safety, or that of someone else’s, or, if I am obliged to by a court of law
* During the course of our work, if I become ill and unable to contact you, I will share your name and number with my professional executer who would contact you, in line with best practice

**Sessions, Fees and Cancellations**

Each session will last for 50 minutes. This will be at a regular time and day each week, that we will agree upon together. The cost per session is £100 and is payable before or immediately after each session. I can accept cash or a BACS transfer. Please note, I do not work with any health insurance companies. If you need to cancel a session, I ask that you provide me with 48hrs notice, if sessions are cancelled with less than 48hrs notice, the full session fee will still be due. If I need to cancel a session, I will give you as much notice as possible. I review my fees at the start of each new financial year, however I will honour the fee that you start with, for the duration of the therapy. Once this ‘Art Psychotherapy - Working Alliance and Informed Consent Contract - Under 18s’ is signed, I will provide you with my banking details.

**Emergencies**

Please understand that I do not offer a crisis service. In the event of an emergency please contact your GP, call 111, visit your local A&E or call 999.

**Complaints and Standards**

I am governed and abide by the HCPC’s Ethical Framework, and I am committed to providing a safe and compassionate service, where I pride myself on my integrity of meeting the needs of my clients. If you are unhappy with any aspect of my work, I would ask that you raise this directly with me in the first instance. If you are then still unhappy and feel you have encountered an issue that questions my fitness to practice, you can raise a concern with the HCPC directly. The link for this is as follows: <https://www.hcpc-uk.org/concerns/>

**Ending Therapy**

The end of therapy is often a vitally important part of the process. You child/young person can choose when their therapy ends but I would ask, that we both support them with this together as having a sudden ending is inadvisable; planning and working on how we will say goodbye to each other, is so important.

**Acknowledgement and Consent**

By signing this document, you are giving your consent that you have read and understood what is contained within this ‘Art Psychotherapy - Working Alliance and Informed Consent Contract - Under 18s’.

I consent to for my child/young person to attend and engage in weekly Art Therapy Sessions with Sarah Edmonds of ‘The Small Studio’

(please embolden choice if completing digitally)

Yes No

I have been given an adequate explanation of what Art Therapy entails and I agree with the ‘Art Psychotherapy - Working Alliance and Informed Consent Contract - Under 18s’

(please embolden choice if completing digitally)

Yes No

I give permission for the therapist to share information with other professionals that may be involved, where this is necessary (please embolden choice if completing digitally)

Yes No

I give consent for the artwork to be photographed and used anonymously, (using pseudonyms) for the purpose/s of: (please embolden choice if completing digitally) indicating No will NOT exclude your child/young person from attending Art Therapy

* Art Therapist Supervision Yes No
* Training, Education and Research Yes No
* Publication Yes No

I understand that I can withdraw my consent(s) at any time by completing and returning the Art Psychotherapy Withdrawal Consent Form on page 7, with the exception of publication, (as once the work is published, it is in the public domain and out of the control of the therapist).

**Parent/Caregiver 1:**

Your Name: Date of Birth:

Address:

Telephone Number:

Relationship to child/young person

**Parent/Caregiver 2:**

Your Name: Date of Birth:

Address:

Telephone Number:

Relationship to child/young person

**Child/Young Person**

Name: Date of Birth:

Address:

Telephone Number:

GP Name:

GP Address:

Emergency Name, Contact Number and Relationship to You/your child/young person:

**School**

Name: Phone Number:

Address:

Class Teacher Name: Email address:

Head Teacher Name: Email address:

SENCO Name: Email address:

The sessions will be held at the agreed -

Location:

Day:

Time:

I/we confirm that I/we are the parent(s)/carer(s)/guardian(s) of the above name child/young person and are legally entitled to give my/our informed consent for Art Therapy.

Signed: Date:

Name:

Signed: Date:

Name:

(Please type your initials if emailing and this will count in lou of a physical signature)

Signature of Art Therapist: Date:

**Art Psychotherapy Withdrawal of Consent Form**

Name: Date of Birth:

\* I do / I do not give my consent for my child/young person to attend weekly art therapy sessions

\* I do / I do not consent for their artwork to be photographed and used anonymously for the purpose of the therapist’s supervision

\* I do / do not consent for their artwork to be photographed and used anonymously for the purpose of training and research

\* I do / do not consent for their artwork to be photographed and used anonymously for the purpose of publication

**Parent/Caregiver 1:**

Your Name: Date of Birth:

Address:

Telephone Number:

Relationship to child/young person

**Parent/Caregiver 2:**

Your Name: Date of Birth:

Address:

Telephone Number:

Relationship to child/young person

Signed: Date:

Name:

(Please type your initials if emailing and this will count in lou of a physical signature)

Signature of Art Therapist: Date: