**Art Psychotherapy - Working Alliance and Informed Consent Contract for**

**Environmental Art Therapy**

Thank you for choosing to work with me. I am pleased to offer you the opportunity to receive Environmental Art Therapy. Before any work may begin, I ask that you to take the time to read this document and sign it. Please use and sign this document in conjunction with the ‘Art Psychotherapy - Working Alliance and Informed Consent Contract’. The purpose of this form is to share with you the important principles that guide my therapeutic practice, so that your decision 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.

**Environmental Art Therapy - Working**

* I will always meet you at the agreed meeting point of the Old Oak Tree at Aldenham Country Park
* We may end each session in the same location, or you may decide that we will say goodbye wherever our session has led us - this is something we can decide and work upon together
* Please prepare yourself for the session in terms of your clothing. I would always recommend a waterproof coat, solid footwear and an extra layer for all seasons, except for the summer. Gloves and a hat are crucial for the colder winter months
* Please carry drinking water with you in the warmer weather (there is a café in the woods serving drinks and food, however if you wish to make use of this provision, please allow time outside of your session to do so)
* When we first meet, I will show you where the toilet facilities are located
* Please inform me of any allergies (and any medications for these) that you may have
* I have conducted a risk assessment for working in Aldenham Country Park (a copy of which can be found on my website) by signing this Working Alliance and Informed Consent Contract, you are agreeing to work with me, in a way that keeps us both safe in the woodland environment

**Environmental Art Therapy - Privacy**

* As we are working in a public place, there is chance that we may be overheard. The woods are a large expanse of space and there may be times where moving towards a quieter space may be more appropriate
* Although unlikely but possible, we may be asked by a member of the public what we are doing. Please be reassured I would never respond by sharing that we are having a therapy session but may say something like “we’re exploring the woodlands together and creating some art in response to our experiences here today” - this is something we can think more about together when we begin our work
* The wardens of the woods know who I am, but I do not disclose this to others
* You may wish to be accompanied to your session however for the duration of the session, the time will be spent with just you and me, with your accompanier staying a healthy distance aware, to afford you the privacy needed in which to work

**Environmental Art Therapy - Artmaking**

* Absolutely nothing except natural and found materials can be left in the woods
* Found and natural materials can be utilised for artmaking however we must both be mindful not to pick the last of anything or to unnecessarily damage the environment we are working within
* It will be your decision each week if you choose to leave your artwork in the woods (if made only of natural materials), or to make a photographic record of it. If you create a piece of artwork that you don’t wish to leave in the woods, I will invite you to decide if you would like a photographic record of your work, to be added to your folder. By keeping a record of your work, we can then reflect upon these pieces throughout the duration of our work together. This will be your choice, and I will always check with you first what your wishes are

**Acknowledgement and Consent**

By signing this document, you are giving your consent that you have read and understood what is contained within this ‘Working Alliance and Informed Consent Contract for Environmental Art Therapy’.

I consent to attend and engage in weekly Environmental 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 Environmental Art Therapy entails and I agree with the ‘Working Alliance and Informed Consent Contract’ (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 my 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 you 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 4, 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).

Name: Date of Birth:

Any known allergies:

What if any treatment/s do you receive for the above?

Signed: Date:

(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**

\* I do / I do not give my consent to attend weekly art therapy sessions

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

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

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

Name: Date of Birth:

Address:

Telephone Number:

GP Name:

GP Address:

Emergency Name, Contact Number and Relationship to You:

Signed: Date:

Name:

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

Signature of Art Therapist: Date: