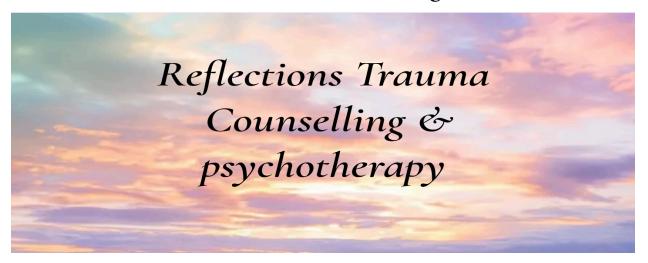
Reflections Walk & Talk Counselling Contract



About me

My name is Tina. I am a qualified integrative counsellor, and I am an accredited registered member of the British Association for Counselling and Psychotherapy. I adhere to the organisation's ethical framework for good practice and guidelines for online counselling and psychotherapy. More information on these documents can be found at www.BACP.co.uk. A copy of my privacy policy is also available on request.

What is person-centred counselling?

I find the person-centred integrative approach fits my own philosophy, as it has at its very core an unshakeable belief that all people are good and have the capacity to challenge and change negative thoughts and behaviours. Person-centred integrative counselling believes that each and every person can, and will, become a more fully functioning person if given the correct conditions. The underpinning principles of the Person-Centred Approach are focused on the counsellor being honest, non-judgemental, and fully accepting while being fully integrated in the relationship, allowing the client to lead and set the pace. I aim to offer these conditions as best as I can during our relationship. I also offer coping mechanisms and

therapeutic techniques such as cognitive behaviour therapy, mindfulness, guided relaxation and trauma-informed practice interventions,

What is walk & talk?

Walk and talk is set in an outdoor space and offers talking therapy whilst walking; sessions are set in a pre-approved safe public setting, for example, a beach, seafront, or lake cycle path.

Why Choose Walk & Talk Therapy?

- Reconnect with Nature: Experience the calming effects of the beautiful surroundings while you explore your thoughts and feelings in a serene outdoor, natural, relaxed environment.
- Boost Your Mood: Movement and fresh air can enhance your well-being, making it easier to open up and engage in meaningful conversations
- Tailored sessions that blend walking and talking, allowing you to express yourself freely.
- A safe and non-judgemental environment to explore your thoughts and emotions
- The opportunity to connect with nature fosters a sense of peace and clarity.

Embrace the healing power of Mother Nature. Contact

reflections.trauma.therapy@gmail.com today to schedule your Walk &

Talk Therapy session in one of the approved venues.

Let's walk together toward a brighter, more balanced future!

Please read the information below carefully, as it forms an agreement as to how we will work together in walk-and-talk therapy.

Outlined are my professional obligations regarding confidentiality.

MY THERAPIST RESPONSIBILITIES:

- To be available at the agreed time & to start and end the session on time. Sessions are 45 minutes and a minimum of 6
- To make sure the space is quiet, appropriate, and undisturbed.
- To agree a pause if in a public place to manage passersby or situations when confidentiality nay be compromised.
- To maintain safe professional boundaries.
- To regard all contact and information as confidential unless I have reasonable doubt concerning your actual safety and the safety of others. (As per BACP ethical framework and guidelines)... the actual exceptions to this confidentiality are disclosures of harm to self and others; acts of terrorism; drug trafficking; money laundering; and child protection issues. Depending on the circumstances of the disclosure, this would be discussed in the session before further action was taken.
- To keep any personal data & information locked away and in accordance with the Data Protection Act 1989, with only me having access. I do not keep any notes relating to our sessions, other than the appointments we book.
- To work within the BACP Ethical Framework, including regular supervision. I monitor my own practice through regular supervision and am committed to my own self-development. Casework may be discussed in supervision, but all clients remain totally anonymous.

- To review our therapeutic work and our therapeutic relationship regularly to ensure that work is progressing and you are still getting what you need from the sessions.
- In the unusual event of me having to cancel, I will give you as much notice as possible, and I will offer you an alternative appointment ASAP.
- Social Media—I am happy for you to follow me on social media
 platforms, but I will not follow you back, I will not ever discuss any cases
 or clients on my social media, and I do not engage in conversations
 other than to discuss booking in for a consult/session.
- In real life, if we do accidentally meet up outside of the therapy setting, I will always wait for you to acknowledge me first. Please be aware this is not out of rudeness but out of courtesy for you and your situation and is part of the ethics and boundaries of therapy. Confidentiality is key.
- In a walk-and-talk setting, agreement; we would not disclose the nature of our therapeutic relationship without prior agreement; we would agree on what to say beforehand.

YOUR CLIENT RESPONSIBILITIES:

- To attend the session punctually ... If you are late attending the session, I will stay for 10 minutes to allow for any eventualities. If you do not make contact within this time, the session will be considered missed and will be cancelled, and you will be charged for this.
- If you are late attending the session, we will still have to end on the original time of the session so as not to affect the following client's session.
- Commitment to process—agreement to actively participate and engage in the therapeutic process and acknowledge the importance of honesty and openness.
- To, wherever possible, give 24 hours' notice when cancelling/changing an appointment (or the full fee becomes payable)

- Communicating with me outside our agreed counselling sessions is limited to making, changing, or cancelling an appointment unless by prior arrangement. It is not appropriate to engage socially or post/share any written correspondence between us on any social network or social or professional forums.
- If we do unintentionally meet outside of the therapy environment, I will always let you acknowledge me first due to our client confidentiality boundary.
- To be respectful to me and to not attend the session under the influence of alcohol or drugs, and to dress appropriately for sessions.
- To discuss with me when you feel you are ready to end therapy or need to take a break from therapy.
- To understand, it is only the therapist who can cancel the session in relation to bad weather
- As the client you are solely reponsable for your own safety and wellbeing in a public environment and this is not covered by the therapists insurance

I have requested Walk & Talk Therapy as part of my healing journey.

- I agree that I am responsible for setting the walking pace of the Walk & Talk Session.
- I understand that this is not exercise or workout training, and that while movement may be beneficial, the focus is not about exercise.
- I agree to communicate to my therapist if I am uncomfortable physically or emotionally while participating in Walk & Talk Therapy.
- I agree to pay the deposit of £40 plus the price of one session to secure the first session before the Walk & Talk therapy starts, either by cash or by BACKS transfer. I understand the deposit covers non-attendance and cancellations, and if sessions are attended in full, it will cover the cost of the last session.

- I understand if I do not pay the session fee before the Walk & Talk therapy session, either by cash or by BACKS transfer, the session will be cancelled and the deposit will be withheld.
- I agree to take full responsibility for physical preparedness for the session (water, sunscreen, proper footwear, cold weather clothing, etc.)
- I take full responsibility for my medical and physical well-being and will not hold Tina Cooney or Reflections Counselling legally or financially responsible for any medical conditions or accidents that may arise out of our Walk & Talk Therapy.
- I agree to seek my GP's approval before beginning Walk & Talk Therapy, if appropriate.
- If I have any medical conditions that would be detrimental to Walk & Talk Therapy, I agree to disclose this and understand my therapist may not be able to offer this as an option; other arrangements may be offered, such as online or phone counselling sessions. Home visits may be available at the therapist's discretion.
- I understand that due to the environment, complete confidentiality cannot be guaranteed, though every attempt will be made to not engage in private conversations when others are in proximity; it is not possible to 100% guarantee that conversations will not be heard by others.
- I understand that if my therapist and I encounter a person that I know, I have the right to disclose or not disclose that I am in a therapy session. I understand that my therapist will follow my lead should we encounter a person I know, and my therapist will make every effort to preserve client confidentiality and privacy while conducting my Walk & Talk Therapy.
- I understand that if my therapist should come into contact with a person she knows, my therapist will not acknowledge me as a client or the Walk & Talk Therapy session as counselling to preserve confidentiality.

I acknowledge this is a therapeutic activity, and despite the relative informality of the setting and environment, the relationship between client and therapist continues to be entirely professional and is not a social relationship.

In the event of inclement weather, the session location can be changed or rescheduled as needed.

I have read, fully understand, and agree to the above terms of this agreement/contract and consent to outdoor Walk & Talk Therapy under the conditions outlined above and release my therapist, Tina Cooney, from liability for risk, injury, or illness.

Venue	
Daytir	me
Please answer the questions lis	sted below and then return this agreement
document.	
Your full name	DOB
Address:	
Emergency contact	
Name	
Contact phone number	
What are you looking to addres	ss in
counselling?	
Are you currently involved in or	have you been involved in counselling in the

Best time and method to contact: E-mail: / phone no
History of Previous or Existing Medical/Psychiatric Conditions or Admissions:
details
History of violence/overdose or self-harm:Y/NY/N
GP details:
GP contact no
Consent for us to contact your GP: YES / NO
Please sign and date here with your name if you agree to working to the points within this agreement and agree to the terms and conditions regarding commitment and payment.
Client Name / sign Date
Counsellor's Name/sign Date

Please return this document by email to reflections.trauma.therapy@gmail.com