

Shire Psychology & Counselling Child Therapy Contract

My approach to therapy; and confidentiality:

Therapy is most effective when a trusting relationship exists between me and my client (your child) and privacy is especially important in securing and maintaining that trust. It is necessary for children to develop a 'zone of privacy' whereby they feel free to discuss personal matters with greater freedom. This is particularly true for adolescents who are naturally developing a greater sense of independence and autonomy.

If disagreement occurs (among you as parents and/or between yourselves and me) regarding the best interests of your child, I ask that you raise your concerns with me at an appropriate time so that we can resolve any issues that may hinder your child's therapeutic progress. Where conflict may occur between the interests of your child and you (client-parent) I will consider the child's best interests as paramount.

It is preferable in therapy that consent and involvement by both parents (if possible) is given. I understand that this is not always possible.

When a young person has the capacity to give informed consent, his or her consent is required for any disclosure by me to one or both parents, or to any third party (unless there is a clear risk to the young person or to others). This includes refraining from acknowledging that any psychological service has been provided if asked. I have a duty to maintain your child's confidentiality and to limit any disclosure in accordance with the express wishes of your child.

If your child lacks the capacity to give informed consent, then only the presenting parent's consent is required for disclosure of their information by me. However, your child's wishes about disclosure will be sought and respected if possible.

Ultimately you will decide whether therapy will continue. If either of you decides that therapy will end, I will honour that decision, however I ask that you allow me *the option of having at least one, if not more, closing sessions* to appropriately end the therapy relationship.

Why is closure important?

Ending therapy will signify a change and a loss for all involved, but for the child in particular. In keeping with the therapeutic process of communicating thoughts and feelings, this stage is an opportunity for the child to work through how they feel about ending therapy and about leaving the therapist. In addition to allowing for a sense of closure, it also makes it less likely that the youngster will misconstrue the ending of treatment as a rejection by the therapist, which would taint the larger experience of therapy for the child. Parents also need a sense of closure and are usually encouraged to process the treatment experience with the therapist. The therapist also appreciates the opportunity to say goodbye to the parents and child after having become involved in their lives in this important way, and it is often beneficial for parents and children to hear the clinician's thoughts and feelings with regards to ending treatment.

What I offer during this time:

- I will provide you with general information about our sessions;
- Highlight issues that may impact your child either inside or outside the home;
- Refer your child to another health professional if necessary; &
- I will tell you if your child does not attend sessions.

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Sensitive information:

If your child is an adolescent, it is possible that he/she will reveal sensitive information regarding sexual contact, alcohol & drug use, or other potentially problematic behaviours. Sometimes these behaviours are within the range of normal adolescent experimentation, but at other times they may require parental intervention. *If I ever believe that your child is at serious risk of harming him/herself or another, I will inform you.*

If referred by a GP under the Mental Health Care Plan:

Your GP will register the referral (Item No. 2710) with Medicare in Canberra. Under this referral I am obligated to consult regularly with your GP; at least after the first 6 sessions, then after the next 4 sessions. I may contact your GP at other times, either in writing or verbally, advising of your child's progress.

Consent Form for Video/Audio Recording for Professional Development and Learning Purposes

At times a video/audio recording may be taken of my work with your child. These are used for the purpose of my professional development and learning and remain strictly confidential. Video/audio recordings do not become part of the client's clinical record and ARE NOT used for other purposes without the written consent of the legal guardian.

As part of my ongoing professional development, and as mandated by our governing body (AHPRA- allied health practitioners registration association) we are required to maintain ongoing supervision of our work, in order that we 'do no harm' to our clients.

The only person aside from myself who will view the recording is my clinical supervisor. All video/audio recordings are kept securely locked when not in use, and are physically destroyed after my consultation with my clinical supervisor.

Client's name: _____

Place of recording: Suite 49, level 1, 61-65 Glencoe St Sutherland 2232

Commencement date of sessions:.....

To be viewed by clinical supervisor: Rosa Bologna (Psychologist)

I, _____ do/ do not give my consent for _____ (child)

to be video/audio taped by *Veronica Borham* for the above purpose only and understand that I may withdraw my consent at any time.

Cancellation policy: Full fee is payable if an appointment is missed; half fee is payable for cancellations on the day before the appointment

I have read the above and agree to the conditions of this contract

For my child Child's DOB:

Signed (parent/guardian).....Date: