



<https://www.optimismtherapyservices.co.uk>

Optimism Psychotherapy and Supervision Services Agreement Therapeutic work with U18 children and young people

Code of Ethics

Holly-Jane Hatcher is an accredited member of the British Association for Behavioural and Cognitive Psychotherapies (BABCP) and is a registered Mental Health Nurse with the Nursing and Midwifery Council (NMC). She is an Eye Movement Desensitisation and Reprocessing (EMDR) practitioner and Cognitive Processing Therapy (CPT) Provider. All of our associate therapists are accredited with a regulating body and subscribe to their code of practice.

Anti-Discrimination Policy

Optimism Psychotherapy and Supervision Services is strongly committed to anti-discrimination. It values difference and diversity and does not discriminate on the grounds of age, gender and gender identity, sexual preference or orientation, marital/partnership status, religion, race, colour, national origin, disability, heritage or political belief.

Working with U18 Children & Young People

Working with under 18's requires the consent of parents/guardians.

A child/young person's ability to make decisions about therapy and the work done will be made in accordance with Gillick Competence. Gillick Competence: Gillick v West Norfolk AHA, House of Lord 1985 "As a general principle it is legal and acceptable for a young person to ask for confidential counselling without parental consent providing they are of sufficient understanding and intelligence".

During the course of our work, it may be necessary to seek permission to liaise with other agencies such as school/education settings, health visitors/school nurses, CAMHS and other professionals. With the exception of the risk of serious harm this would be done by seeking full consent from the child/young person. Additional time requested to liaise with parents and other agencies will be billed at the standard session rate.

Length of Treatment

It's not always easy to know in advance how long therapy will be. When working with U18 children & young people our first 1-4 sessions will be an assessment; this will include a Support Network Assessment with at least one parent or guardian and a written report which will be charged at the normal rate. After the assessment phase we will agree on a plan for therapy and will refer to the latest evidence-based guidelines when making recommendations. We will do this together considering the child/young persons difficulties and goals, our skills, and parents/guardians agreed funding. We may agree a pre-agreed number of sessions when conducting specific therapies or we may work in an open-ended way.

If your child's ability to attend therapy is restricted by time or funding we encourage you to share this information with your therapist at the soonest opportunity so that we can adjust the treatment plan accordingly.

The normal duration of each session is 50-60 minutes. Although in some therapies we may collaboratively agree to extend some sessions to 80-90 minutes. For very young children sessions will be shortened as appropriate for their age.

Cancellation Invoices and Missed Session Policy

If for any reason child/young person are unable to attend their appointment, please let us know as soon as possible. **The required notice for cancellation is no less than 24 hours.** Where there is less notice of cancellation or if they do not attend their appointment, you will be charged the full appointment fee.

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If they are more than 15 minutes late for an appointment, their therapist may treat the appointment as a missed session. If they decide to leave their session early you will still be charged the full session fee. With adequate advanced notice, where possible, you may be offered an alternative appointment and your fee transferred, alternatively you may request your fee is refunded.

Sessions will not take place if child/young person arrive under the influence of alcohol or non-prescribed medication and the relevant agencies will be informed.

Payment

There is a charge of **£115 per 50-60 minute session** and **£175 per 80-90 minute session** which is payable beforehand by bank transfer. Bank details are below:

Account Name – Optimism Psychotherapy & Supervision Services

Account Owner - HJ Hatcher

Account Number - 53418804

Account Sort Code – 20-11-43

I invoice in advance. Please ensure that payment reaches the account **48 hours** before their session, failure to do so may result in the planned session being cancelled so that we may offer the appointment to another client.

If you would like to block book and pay for a course of therapy in advance, please let us know so that we can invoice you accordingly.

The Therapeutic Relationship

The therapeutic relationship is not like other professional relationships; it can require active participation on their part which can sometimes be difficult. It will always remain professional, the boundaries of which will consist of our contact in sessions.

You have their therapists email address and the Optimism Psychotherapy & Supervision Services main phone number, if required we can be contacted by email or WhatsApp business however your contact may not generate an instant response.

Emergency and Crisis Support

Optimism Psychotherapy and Supervision Services **DO NOT** offer emergency or crisis support. If the child/young person need urgent assistance or support you are advised to contact either your local CAMHS mental health crisis team, GP, NHS111 or ambulance service. It is strongly advised that if you are concerned about any aspect of the child/young person's physical or psychological well-being that you consult with their GP for an up-to-date evaluation of their health needs.

Endings

In normal circumstances the child/young person or guardian will probably know when they are ready to end therapy, with their therapist they will agree how they might best prepare for this.

Therapy can at times be emotionally demanding. They may at times wish to take a break from therapy or end therapy early. We encourage the child/young person to discuss this with their therapist and encourage them to be open and honest with raising any issues or concerns they or you may have with the therapy they have received.

We will not suddenly or without warning end their therapy, except in exceptional circumstances. This would be fully discussed at the time and where possible and appropriate we would offer an alternative therapist to continue their treatment.



Please note any threats or acts of violence towards our therapists will result in an immediate end to therapy.

Clients who have attended four or more therapy sessions with us will receive a short discharge summary at the end of therapy. We encourage you to provide feedback during and after therapy.

Confidentiality

Confidentiality is an essential part of all counselling and psychotherapy. It underpins the child/young person's sense of safety and trust and contributes to making the therapeutic relationship different from any other.

At the beginning of therapy, we will discuss and agree the bounds of confidentiality with the child/young person. Where risk isn't a concern, the sessions will be held in confidence between the therapist and the child/young person however, a safety plan and care plan will be negotiated with the child/young person, parent/guardian and therapist during the assessment.

All information will be kept confidential unless the child/young person and therapist agree to discuss something with a third party, such as their GP. In this case, this will be documented in their therapeutic notes and where appropriate a consent form will be used.

As therapist we have a duty of care, meaning confidentiality may be breached if the therapist considers there is a risk the child or young person may harm themselves or others or if they may be at harm from others. Or if the therapist would be liable to civil or criminal court proceedings if the information was not disclosed. If possible, this would be discussed with you beforehand.

Confidentiality does not apply where it would mean I, or the child/young person's therapist, might break the law or where withholding information means we would breach the code of ethics. We are obliged to contact the relevant authorities if they disclose anything of a previously unreported criminal nature. Confidentiality will also be breached should they disclose concerning acts of terrorism, vulnerable adult or child protection issues or drug or people trafficking.

Record Keeping

Optimism Psychotherapy and Supervision Services holds all records securely and will ensure confidentiality in the treatment of any information held about its clients. All information recorded and held is solely for the purpose of maintaining effective therapeutic treatment.

What Data Do I Hold and Why?

We hold the contact data from the child/young persons initial assessment sheet so that we can contact you when needed.

We record information about what they tell us in our sessions depending on the protocol we are using. Often, we record only brief notes and these act as an 'aide memoire' so that their therapist can review the course of their therapy as time progresses. For some specific protocols, such as EMDR we complete electronic templates.

We record the number of sessions they have and the payments you make for business purposes. None of these records involve full name or other details. We will discuss with the child/young person and you how they like to be contacted, and it is important that while they remain a client they notify me if any of these details change.

How Is It Stored?

I will store their data in a secure password protected system and will store it until therapy is complete, clinical records will legally be kept for 7 years. If the child/young person decide not to undertake therapy with Optimism their data will be disposed of confidentially and securely.



- I have read and understood the above service agreement form.
- I Consent to Optimism Psychotherapy and Supervision Services recording information for the purpose of therapeutic intervention.
- I understand that Optimism Psychotherapy and Supervision Services have a right to break confidentiality if relating to risk or legal proceedings, as set out above.
- I have read and agree to the payment terms and agree to making payment 48 hours prior to attending a planned session, as detailed above.

Full Name:

Date:

Signature: